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## Mono County Behavioral Health

### Mental Health Services Act (MHSA) FY 2024-2025 Annual Update

Posted for Public Comment: 5/10/24  
Public Hearing to be Held: 6/10/24  
To be approved by Board of Supervisors: 6/18/24

Including the following Supplemental Reports:  
Annual Innovation Project Report  
Final Innovation Project Report  
PEI Annual Evaluation Report



WELLNESS • RECOVERY • RESILIENCE

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## TABLE OF CONTENTS

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Executive Summary.....	<b>Error! Bookmark not defined.</b>
Resumen Ejecutivo .....	5
MHSA County Fiscal Accountability & Program Certifications .....	7
Board of Supervisors Approval .....	9
Mono County Snapshot, Capacity Overview, & Workforce Needs Assessment.....	10
Community Program Planning Process .....	25
Local Review Process.....	44
Community Services and Supports.....	46
Prevention and Early Intervention .....	57
Prevention & Early Intervention Evaluation Report (FY 2021-2022): Aggregated Data.....	62
Innovation.....	71
Innovation Project Reports .....	74
Workforce Education and Training .....	99
Capital Facilities/Technological Needs .....	103
Transfers & Prudent Reserve.....	104
MHSA Expenditure Plan By Component FY 2023-2024.....	<b>Error! Bookmark not defined.</b>
MHSA Expenditure Plan By Component FY 2024-2025.....	107
MHSA Expenditure Plan By Component FY 2025-2026.....	<b>Error! Bookmark not defined.</b>
Cost per Person Estimates .....	113
Appendix A: Penetration Rate Data.....	117
Appendix B: MHSA Issue Resolution Process.....	122
Appendix C: MCBH Staff Trainings .....	123
Appendix D: Innovation Plan Correspondence with MHSOAC .....	125
Appendix E: MHSA-Related Submissions to Department of Health Care Services .....	127
Appendix F: Behavioral Health Program Manager Job Description (Includes MHSA Duties) .....	130
Appendix G: Community Program Planning Process & Local Review Process Advertisements .....	133

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## EXECUTIVE SUMMARY

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

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

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

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

In March 2024, California voters narrowly approved Proposition 1, Governor Newsom’s Behavioral Health Transformation. Proposition 1 reforms the Mental Health Services Act and renames it the Behavioral Health Services Act. As a result of these changes, MCBH staff will be working over the next two years to be in compliance with the new regulations. Unfortunately, this could mean that some existing programs are cut or otherwise re-organized. As a result of Proposition 1, Mono County will also have additional administrative burden and will receive a smaller percentage of MHSA funding overall, while the state will receive an increased percentage. For more information on Proposition 1, you might review the [Legislative Analyst’s Office article](https://lao.ca.gov/Publications/Report/4782) (<https://lao.ca.gov/Publications/Report/4782>). You can also attend our regularly scheduled Behavioral Health Advisory Board meetings (typically the second Monday of every other month: see Mono County calendar for upcoming meetings: <https://www.monocounty.ca.gov/calendar>). MCBH will also be providing updates on the changes related to Proposition 1 to the Mono County

Board of Supervisors from time to time (for agendas and other information, visit: <https://www.monocounty.ca.gov/bos>).

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

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## RESUMEN EJECUTIVO

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

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

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

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

En marzo de 2024, los votantes de California aprobaron por estrecho margen la Proposición 1, la Transformación de Salud Conductual del Gobernador Newsom. La Proposición 1 reforma la Ley de Servicios de Salud Mental y la renombra como Ley de Servicios de Salud Conductual. Como resultado de estos cambios, el personal de MCBH trabajará en los próximos dos años para cumplir con las nuevas regulaciones. Desafortunadamente, esto podría significar que algunos programas existentes sean recortados o reorganizados de alguna otra manera. Como resultado de la Proposición 1, el Condado de Mono también tendrá una carga administrativa adicional y recibirá un porcentaje menor de financiamiento MHSA en general, mientras que el estado recibirá un porcentaje aumentado. Para obtener más información sobre la Proposición

1, puede revisar el artículo de la Oficina del Analista Legislativo (<https://lao.ca.gov/Publications/Report/4782>). También puede asistir a nuestras reuniones periódicas programadas del Consejo Asesor de Salud Conductual (normalmente el segundo lunes de cada dos meses: consulte el calendario del Condado de Mono para conocer las próximas reuniones: <https://www.monocounty.ca.gov/calendar>). MCBH también proporcionará actualizaciones sobre los cambios relacionados con la Proposición 1 al Consejo de Supervisores del Condado de Mono de vez en cuando (para agendas y otra información, visite: <https://www.monocounty.ca.gov/bos>).

¡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 nuestro, llame al 760-924-1740.

# MHSA COUNTY FISCAL ACCOUNTABILITY & PROGRAM CERTIFICATIONS

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


County/City:  Mono

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


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

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

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

Robin K. Roberts  May 9, 2024  
 Local Mental Health Director (PRINT)                                  Signature                                  Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2023, 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  May 10, 2024  
 County Auditor Controller (PRINT)                                  Signature                                  Date

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

## **MHSA COUNTY PROGRAM CERTIFICATION**

To be added following Board of Supervisor approval.



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## BOARD OF SUPERVISORS APPROVAL

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To view the presentation about this Annual Update to the Mono County Board of Supervisors (BOS) after 6/18/24, please visit the following link:

<https://www.monocounty.ca.gov/bos/page/board-supervisors-217>

Minute order to be added following BOS approval.

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

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Mono County is a frontier county, bordering the state of Nevada to the north and east and the Sierra Nevada Mountains to the west. Other than Mammoth Lakes, with a year-round population of 8,000, the remainder of the county consists of small communities. The northern part of the county includes the small towns of Topaz, Walker, and Coleville. Bridgeport, the county seat, is 35 miles south of these three small communities. The central part of the county includes the communities of Lee Vining, June Lake, Crowley Lake, the Wheeler Crest communities, and Mammoth Lakes. In the southeast sector lie Benton and Chalfant. Bridgeport is home to the Bridgeport Indian Colony, Lee Vining is home to the Kutzadika'a Tribe, and Benton is home to the Utu Utu Gwaitu Paiute Tribe.

According to Census.gov, the estimated total population of Mono County as of July 1, 2023, is 13,066. Other than Mammoth Lakes, which has a year-round population of approximately 8,000, the remainder of the county consists of small communities ranging in population from less than 300 to about 1,200 people. To illustrate the vastness of the county, there are approximately 4.6 people per square mile.

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

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

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

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

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

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

Mono County's inhabited areas range in altitude from 5,000 to 8,500 feet; winters can be long and harsh with occasional road closures. Residents primarily earn their livelihoods through government service and retail trades related to tourism and agriculture. For median household income, the U.S. Census lists median household income for time period 2018-2022 in Mono County at \$82,038. In comparison, the statewide average for this same time period is listed at \$75,149. The U.S. census for the same time periods indicated above list that 10.3 percent of Mono County residents live in poverty. The median value of owner-occupied housing units is \$496,800. Schools are located in Coleville, Bridgeport, Lee Vining, Benton, and Mammoth Lakes, each school is approximately 25-45 miles from the next. Mono County has two school districts: Mammoth Unified School District (MUSD) and Eastern Sierra Unified School District (ESUSD); the Mono County Office of Education (MCOE) also serves students in Mono County.

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

## Capacity Overview & Workforce Needs Assessment

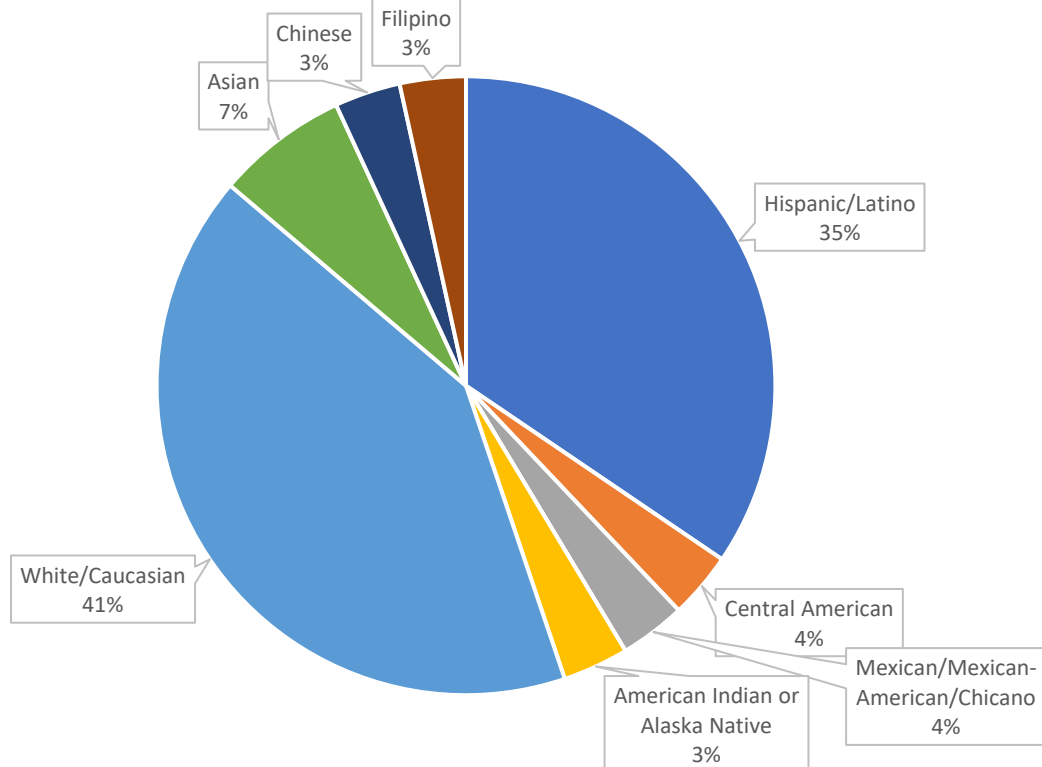
Part of Mono County Behavioral Health’s (MCBH’s) mission is to bring together representatives from Mono County communities and ask these representatives to take a leadership role in identifying and resolving community health needs. In this assessment of current capacity, MCBH will examine current capacity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

Please see Capacity Table 1 below for an overview of staffing planned for FY 24-25. As of the writing of this report (Spring 2024), MCBH 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 unless they are children. MCBH works closely with Mammoth Hospital Behavioral Health to coordinate care for shared clients or clients who may need a lower level of care. MCBH will continue to advocate for services to the mild to moderate population and those who are privately insured and not available to access services within the county.

In FY 23-24, MCBH continued its process of moving toward racial equity by following 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 45% 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. Please see the table several pages below for a comparison of how MCBH staff race/ethnicity compares to Mono County’s overall ethnic distribution and MCBH’s existing clients.

MCBH Staff by Race/Ethnicity n=26 (Spring 2023)



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. This plan is available online at <https://www.monocounty.ca.gov/behavioral-health/page/quality-improvement>.

As indicated in the table below, MCBH considers all its positions difficult to recruit and retain including but not limited to: Director, Clinical Services Manager, Clinical Supervisor, Program Manager, Staff Services Analyst, Case Manager, Wellness Center Associate, Substance Use Disorder (SUD) Supervisor, Accountant, Staff Services Manager, Behavioral Health Services Coordinator, Psychiatric Specialist, SUD Counselor, Fiscal & Technical Specialist, Quality Assurance Coordinator, Medical Director, and Psychiatrist. MCBH is also keenly aware of the shortages of Behavioral Health Directors across the state and is dedicated to helping staff grow and develop to ensure that staff who may be interested in one day taking on leadership roles in the department have the experience and education necessary to do so. 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. In FY 24-25, MCBH is also rolling out the Medi-Cal Mobile Crisis benefit, which is anticipated to burn staff out as further. To help offset this burn-out and incentivize staff, MCBH is utilizing Crisis Care Mobile Unit grant funds to offer stipends to crisis team staff.

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 2024-2025

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



SUD Supervisor	Managerial/Supervisory SUD Personnel	English	Y	Y	County Staff
Staff Services Manager	Support Staff/ Managerial/Supervisory	English	Y	Y	County Staff
Psychiatric Specialist III	Licensed Mental Health Staff	English Mandarin	Y	Y	County Staff
Psychiatric Specialist II	Licensed Mental Health Staff	English	Y	Y	County Staff
Psychiatric Specialist II (Spanish- speaking)	Mental Health Staff	English Spanish	Y	Y	County Staff
Psychiatric Specialist I	Mental Health Staff	English	Y	Y	County Staff
Behavioral Health Services Coordinator II	Mental Health Staff	English Tagalog	Y	Y	County Staff
Behavioral Health Services Coordinator I	Mental Health Staff	English Spanish	Y	Y	County Staff
Behavioral Health Services Coordinator III	Managerial/Supervisory Mental Health Staff	English	Y	Y	County Staff

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

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

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

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

Additional information as required by 9 CCR § 3830

- Estimate of the number of additional positions needed: See vacant positions in table above
- Estimate of the number of positions the County determines to be hard-to-fill or for which it is hard to retain staff: All positions
- Estimate of the number of positions for which recruitment priority is given to clients and/or family members of clients: All positions

- Languages in which staff proficiency is required to ensure access to and quality of public mental health services for individuals whose primary language is not English: Spanish
- The number of staff who are proficient in Spanish: 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: 0 staff members – approximately 45% of MCBH’s staff are bilingual English/Spanish speakers and in FY 24-25, one of the English-Spanish bilingual Behavioral Health Services Coordinators will be providing therapy 12-15 hours per week as a Master of Counseling trainee.

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

Race/Ethnicity	Estimate of # of Clients served	Percentage of Clients Served	Ethnic distribution of Mono County	MCBH staff
White/Caucasian	150	45%	65%	41%
Hispanic/Latino	125	38%	27%	43%
American Indian or Alaska Native	15	5%	3%	3%
Black/African American	5	2%	1%	0%
Asian	5	2%	2.3%	7%
Other	10	3%	.4%	6%
More than one race	20	6%	-	-

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

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

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

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

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

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

**Capacity Table 2. Mono County Agencies**

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

**Capacity Table 3. Mono County Community Partner Organizations and Coalitions**

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



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## COMMUNITY PROGRAM PLANNING PROCESS

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

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

### **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 8, 2024; 11 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-17>
- 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:
  - Amanda explained that we focused our survey on clients and Medi-Cal beneficiaries this year instead of casting a wider net – the BHAB discussed whether this was a positive or negative this year. Overall, MCBH thinks it’s a good thing because it gives us a more targeted set of responses and we can be sure we are meeting the needs of our target population.
  - Stacey asked what is the budget for community programs and what do we do in terms of outreach to reduce social isolation? Amanda explained that Lauren supervises most of the community outreach and wellness programming and they do so much all around the county. Including all funding sources, we would estimate that we spend \$500,000 annually on this type of programming.
  - This question led to a discussion on what service can we provide to individuals who are socially isolated or have social anxiety or are experiencing depression?
    - Community programming discussion – also discussed “reaching in” and how we want to empower community members to have conversations with people who might be struggling. Taking the Mental Health First Aid course is a great way to empower community members.
    - Service based model discussion – our providers will pick people up and take them to events or provide gas cards so that clients or natural supports can bring them to programming.
  - Prevention outreach discussion – we work hard to get people engaged in preventative ways so that they feel less isolated; it’s also true that lots of people move here because they want to be isolated.
  - Discussed how technology can make people feel more isolated in certain ways “I have 1,000 friends but nobody to feed my cat.” Generally discussed how we manage our own mental wellness.
  - The focus group had some concerns about Social Services for Seniors; Krista shared some resources such as Meals on wheels – assess and make referral as needed; Adult Protective Services goes out to help and establish connections with self-neglect concerns; Granpad program, which trains seniors on how to use tablets;.

- The BHAB was also very interested in the responses surrounding access to services. Among individuals with commercial/private insurance, it's very challenging to access mental health services in a timely manner. The waitlist at Mammoth Hospital is outrageous. Discussion that that BHAB as community members could advocate that Mammoth Hospital contract out for psychiatry and other therapy services.
- BHAB also brainstormed what resources might be available for community members while they are on the waitlist for providers that take private/commercial insurance. Possible to create a flyer that outlines what you can do while you wait (free MCBH programming as one example). Possible that the hospital could host a monthly group session for people waiting to get into a therapist.
- Although MCBH is often confused with Mammoth Hospital, MCBH has a mandate to serve Medi-Cal clients – we are really only set up to see clients with Medi-Cal, but we do also see children and their families at no cost, even those with private/commercial insurance.
- Focus group participants were both surprised and not surprised about isolation being a top need – Stacy and Robin to discuss more in terms of community outreach.
- Interesting that clients listed mobile crisis as a top strategy to promote mental health – when we fully roll out the mobile crisis benefit this summer, we can get that info to clients upon intake.
- Paradise Paradox screening discussion – suicide hits harder because we are so small.
- Discussed prevention outreach promotion related to drugs and alcohol; we could possibly re-use the materials from the “One Less” campaign or create napkins and/or coasters for local bars.
- Even though few people state that alcohol and drugs are a problem for themselves in the survey results, we do see in the community that lots of people have problems.
- Other possible places to reach out include volunteer Fire Departments and Mono EMS – Robin and Ingrid to speak. The Chamber of Commerce is another avenue of outreach and the “Access and Functional Needs List” could identify folks who are very isolated at home.

### **Benton Tribal Focus Group**

- Held 2/29/24 at the Benton Paiute Reservation Community Center. Facilitated by two MCBH staff and included 3 participants who are all part of the Tribal community.

- The discussion was opened by asking participants what they believe to be the top mental health needs in their community. Responses included depression (both first and secondhand experience) and substance use. One participant elaborated on depression and explained that it also stems from medical issues such as chronic illnesses and overall physical health of family members, which impacts the caregivers who are typically other family members.
- When asked about ideas or resources to meet mental health needs and address substance use disorders within the Benton community, participants provided several suggestions. There was an emphasis on “in-person” events. Participants explained that it would allow community members to actively participate. It would also foster relationship building and engagement between community members and agencies, organizations, and other county partners. Furthermore, it would establish a point person to contact for future needs or questions regarding resources. Specific topics suggested for presentations and events included: education behind substance use; sex education, pregnancy prevention, STI for teens and youth; mental health hygiene and well-being for caretakers of those with illnesses; education on communicable diseases (e.g., flu, thrush, etc.); CPR/First Aid class with hands on demonstration.

### **Key Informant Interviews with Principals**

- Fall 2023; eight principals were individually interviewed by three MCBH staff. Below is a summary of the conversations by theme:
- Students’ Top Needs:
  - Help with positive communication (especially between friends), Anger management, Healthy decision making, Divorce/custody, Sexual identity, Self-regulation, Crowded households, Attention seeking (bad/good), Respecting boundaries and personal space, Breaking cycles of trauma, conflict resolution, development of coping skills, sexting, concerns around early vaping/substance use, Diversity/tolerance re: sexuality, race, ethnicity; Bullying on social media
  - Many students have a tough home life and some high school students have been glorifying gang life and joking about going to prison.
  - At least one school was very concerned about the impacts that living in poverty and exposure to domestic violence have on their students. They also note that especially in the more outlying areas, there is a lack of resources for folks in poverty or for children entering the foster system in need of placement.
- Ideas to help:
  - Many principals expressed interest in the Botvins LifeSkills Training (LST) substance use prevention program with the goal of helping curb vaping, which was identified as a problem in many schools, and to create a foundation for more responsible behaviors as students get older. MCBH also connected principals with MCOE’s vaping/tobacco educator and the Mono County Public Health tobacco educator.

- Several schools mentioned that they needed additional staffing during lunch or recess.
- We discussed the need for after school programming and how older male students would benefit from positive male role models.
- We discussed the Love and Logic parenting classes and shared ideas for additional wellness programming, including yoga and diversity readings, as well as social-emotional learning curricula in the classroom.
- Things that schools are trying:
  - Some principals individually spoke with students they would like to refer for counseling and encouraged them to start seeing a therapist.
  - “Recess Reboot” program and plans for a “Family University Night.”
  - One principal shared that she would be providing teachers with a classroom management technique at each staff meeting.
- Administrative
  - There was a discussion about the need to have some face-to-face time with providers to get updates on referrals, care coordination, etc.
  - There was a discussion about the need to have one referral point/one point of contact for information for counseling referrals. Principals would like to be looped in more on care coordination and have a space where they can share information about students – in some cases MCBH was invited to attend COST meetings.
  - There was a discussion about the need to have a presentation to teachers on what we will be doing at the school/refresher on how to refer for our services, as well as clarification on how the crisis response works with several principals, including when the threat assessment protocol is used vs. suicide intervention process.
  - We also discussed several key documents, including releases of information, MOUs, Spanish translations of certain forms, and whether the consent to treat includes information on parental rights.
  - Finally, consistency and setting up schedules was discussed with several principals. We established some expectations about when we will be on certain campuses and how to communicate if we won’t be able to make it.

### **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?

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?

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

### **Foro Latino Spring 2024**

- \_\_\_ people who attended the Foro Latino event in Mammoth Lakes on 5/17/24 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:
  - To be completed after Foro
- Top three strategies to promote the mental health of our community residents:
  - To be completed after Foro
- Analysis notes: To be completed after Foro

### **Community Survey: Winter 2024**

- Survey was open from February 11 to March 18, 2024
- There were a total of 64 survey participants
- Survey was administered via SurveyMonkey and distributed through partner agencies, at community events, through our Behavioral Health Advisory Board, and at the MCBH and Mono County Health and Human Services (HHS) front offices. It was available in English and Spanish. It was advertised via flyer at all our in-person locations and MCBH staff asked all clients to take the survey. Clients who took the survey received a gift card.
- The administration and analysis of the survey was spearheaded by the MCBH Program Manager.

### **Quick Stats**

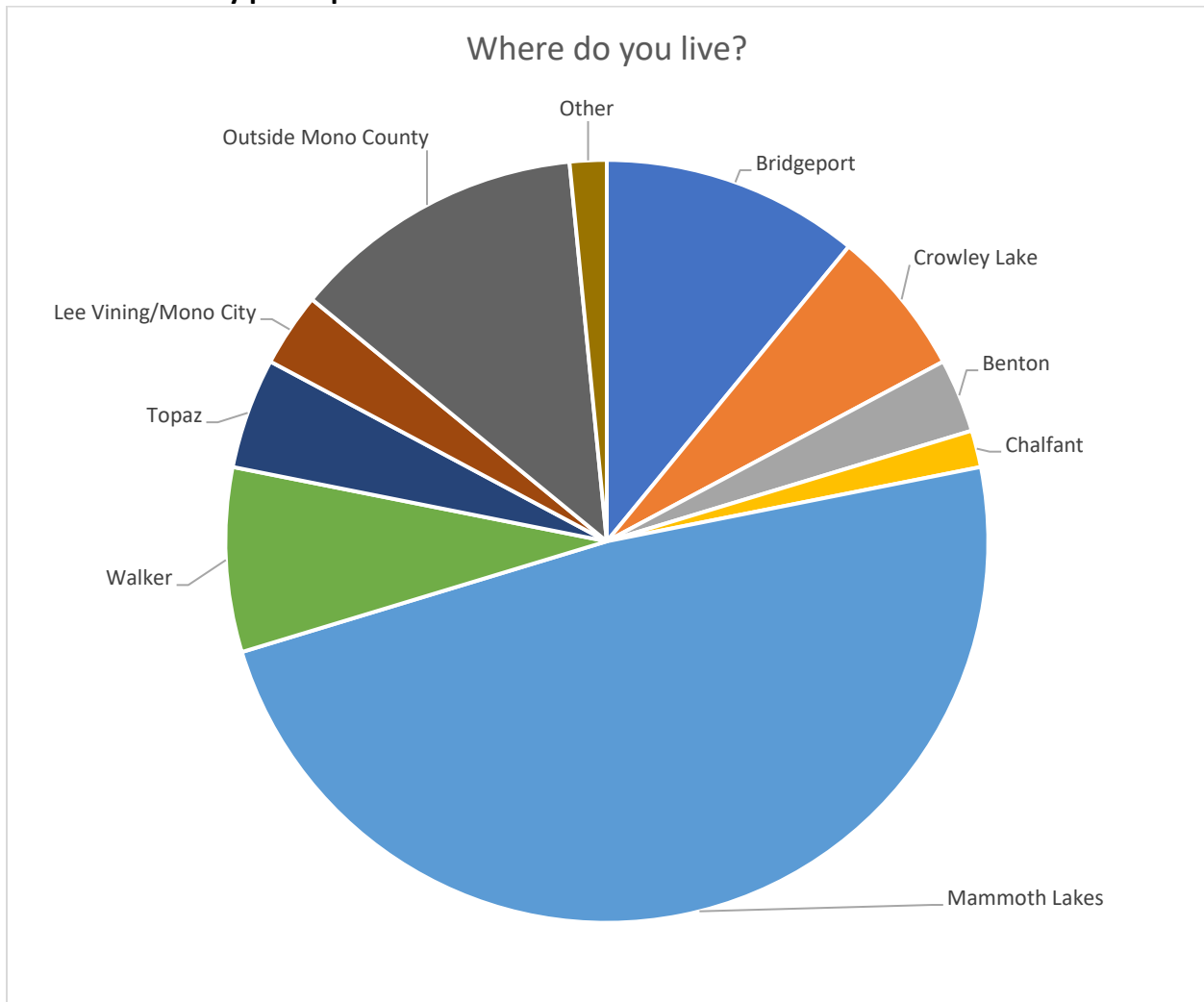
- 64 completed responses
- 13% of completed surveys were completed in Spanish and 33% of participants identified as Hispanic/Latinx
- 9% of participants (n=6) identified as American Indian or Alaska Native
- 9% of participants (n=6) previously served in the military
- 8% of participants (n=5) identified as members of the LGBTQ+ community
- We met our goal of focusing on clients and Medi-Cal members:

- 42% of participants (n=27) have Medi-Cal (n=18), Medicare (n=6), or no insurance (n=3)
- 50% of participants (n=32) are clients, former clients, family members of clients, or participate in wellness programming
- Majority of respondents were female
- Good mix of ages

**Access to mental health services:**

- 42% have never tried to access mental health care in Mono County (n=27)
- 48% have tried to access mental health care in Mono County and were able to get services (n=31)
- 3% have tried to access mental health care in Mono County and were NOT able to get services (n=2)
  - These respondents both have private/commercial insurance

**Location of Survey participants:**



- 19% of respondents stated that they were at risk of homelessness, experiencing homelessness, or couchsurfing

- Only one respondent reported living in Mono County seasonally

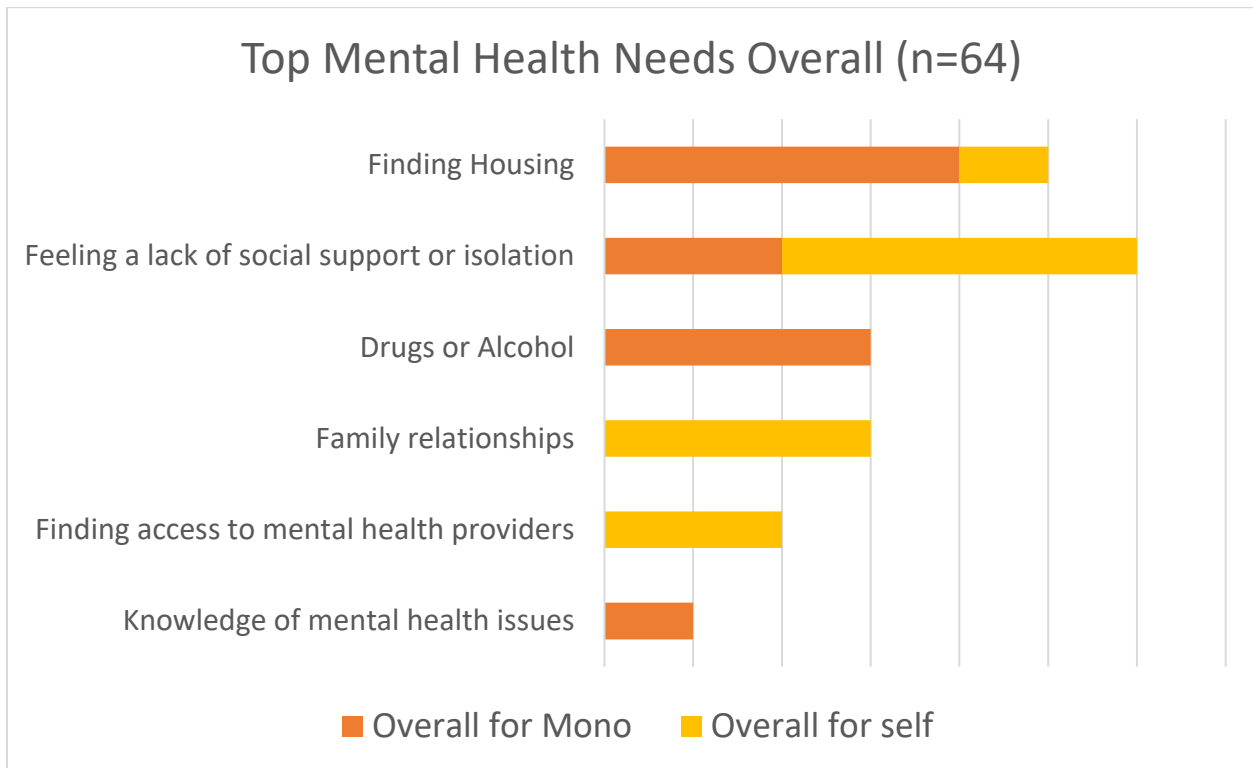
**The top 5 issues in our community related to mental health**

- Finding housing (56%)
- Drugs or alcohol (55%)
- Feeling a lack of social support or isolation (31%)
- Knowledge of mental health issues (27%)
- Finding access to mental health providers (27%)
- Analysis notes: access to providers dropped to be tied for fourth vs. 2<sup>nd</sup> highest need

**The top 4 issues for individuals (self) related to mental health**

- Feeling a lack of social support or isolation (36%)
- Family relationships (30%)
- Finding access to MH providers (30%)
- Finding Housing (28%)
- Analysis notes: Like last year’s top 3, except for the addition of Family relationships as 2<sup>nd</sup> top need.

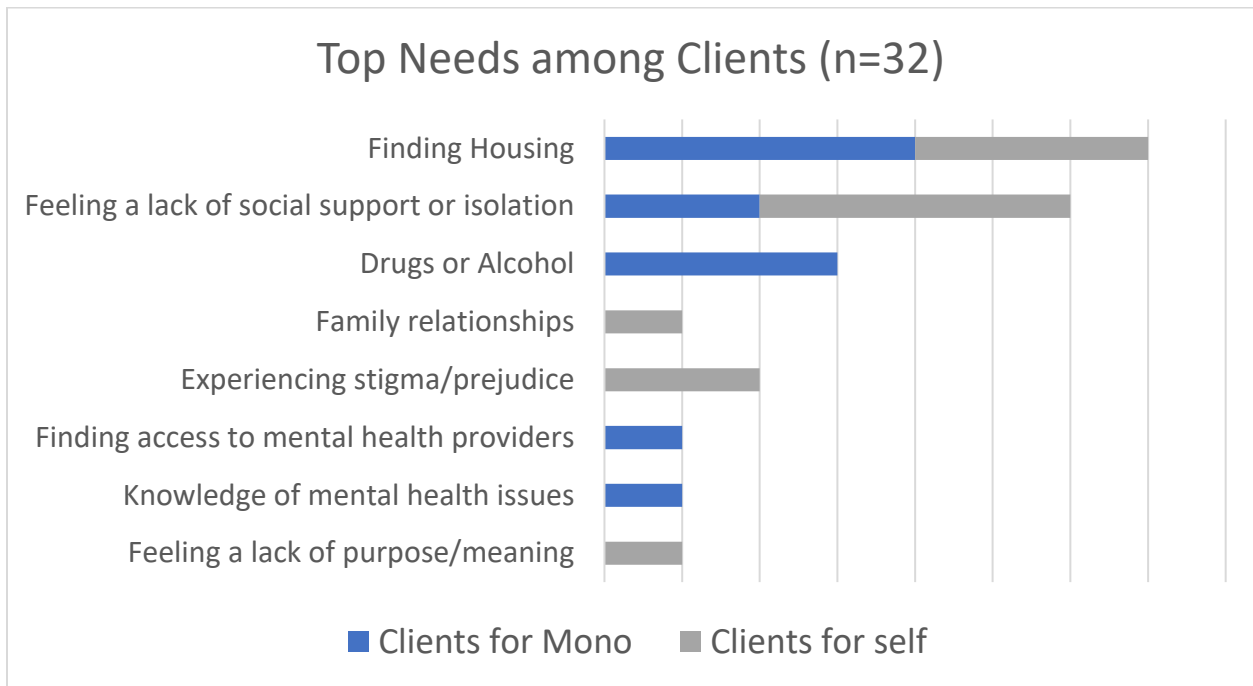
The following graph provides a visual representation of this data.





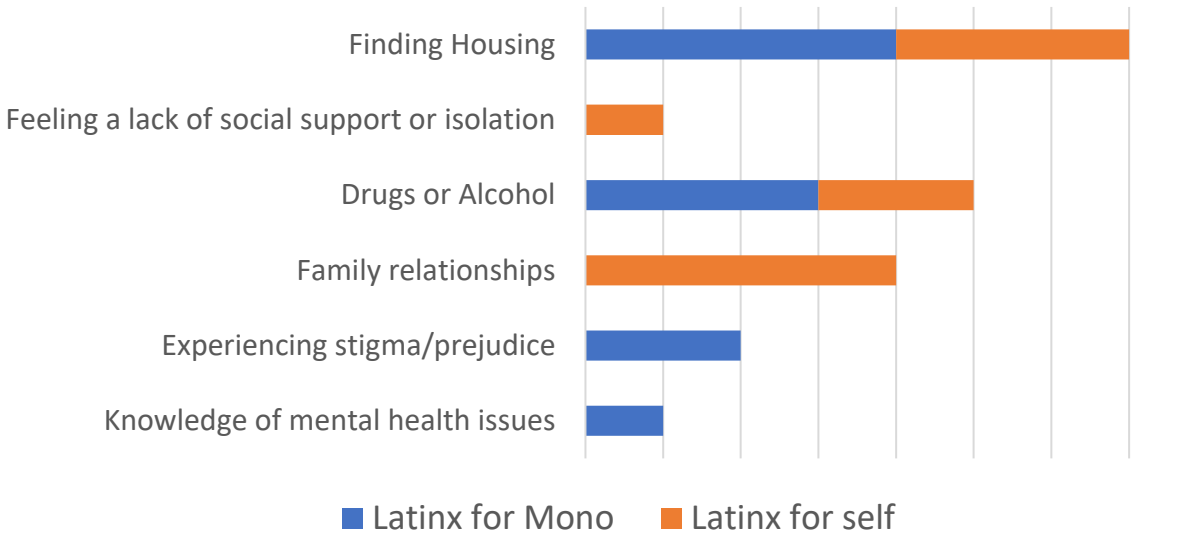
MCBH then analyzed the data by separating out participants who identified as clients, former clients, family members of clients, and wellness programming participants; these are all grouped together as “Clients” (n=32). MCBH also analyzed the data by separating out individuals who identified as Hispanic/Latinx (n=21).

Below are two tables showing the top needs identified by these participants broken out by the top needs for their Mono County community vs. the top needs for themselves as individuals.



Analysis notes: the top needs here are similar to what we see on the “Overall” graph; however, we see Experiencing stigma/prejudice appear as a top need for self, as well as Feeling a lack of purpose/meaning.

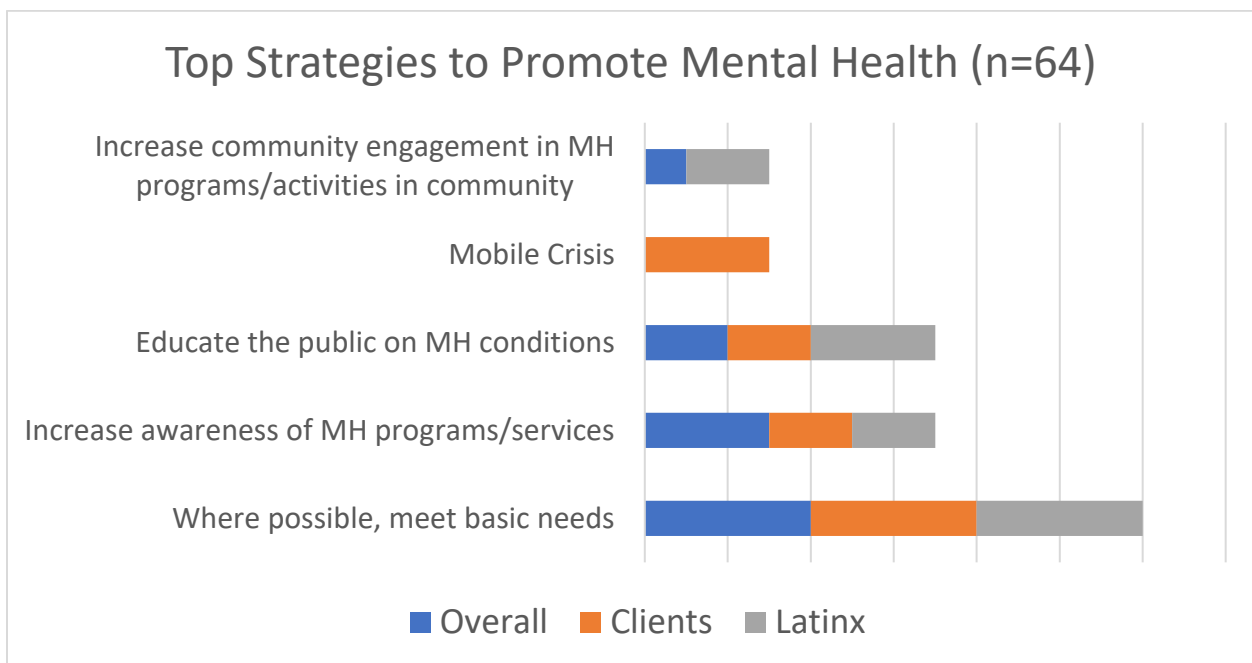
## Top Needs Among Hispanic/Latinx (n=21)



Analysis notes: the top needs of Finding Housing and Drugs or Alcohol are consistent with the "Overall" graph; however, Family relationships rises in priority and we see Experiencing stigma/prejudice appear among Latinx needs.

### The top 4 strategies to promote mental health

- When possible, meet basic needs like housing, rental assistance, food assistance (47%)
- Increase awareness of MH programs and services (44%)
- Educate the public on mental health conditions (39%)
- Increase community wellness/outreach programming like socials, school programs, yoga, and support groups (36%)
- Analysis notes: Basic needs and increasing awareness remain the top two overall strategies to promote mental health, with educating the public joining in the top three. Interestingly, Clients listed Mobile Crisis as one of the top strategies to promote mental health when no other groups did.



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

#### Praise/compliments:

- I think your outreach to outlying communities is a wonderful means of engaging people.
- Thank you for your work--all the programming makes a difference!
- Mono County is great they have been a real help.
- Mono County ladies do a great outreach job.
- I like that there are Spanish speaking clinicians and that they can be seen in person, thank you for everything. (translated from Spanish)

- I am flabbergasted at the dedication of our behavioral health professionals.

#### **Suggestions for MCBH: General/Miscellaneous**

- Continue helping people with their issues so they can move forward. (translated from Spanish)
- I believe a facility where suicidal patients could go to in our area would help because Reno is pretty far from our community, and that causes even more emotional stress.

#### **Suggestions for MCBH: Staffing**

- Bring “success stories” into your workforce, people who are sincere about growing & developing psychologically.
- Integrate peer supports into In-Home Supportive Services programs to fill the gap in lack of providers.
- Youth psychiatric and mental health services would be amazing. There’s such a shortage of that in both our county and into Nevada. Maybe more staffing for MCBH, in terms of therapists and the like.

#### **Suggestions for MCBH: Programming**

- More groups for youth (translated from Spanish)
- Classes
- CPR classes discussions on how to socialize and be active in the community, mental health hygiene for caretakers.
- More activities for the Benton residents
- Outreach and community service programs could help create stronger connections and a stronger sense of community which would benefit everyone.
- I have noticed that several Mono County communities have socials and potlucks organized by Behavioral Health, but not Lee Vining, where I believe they would be helpful.

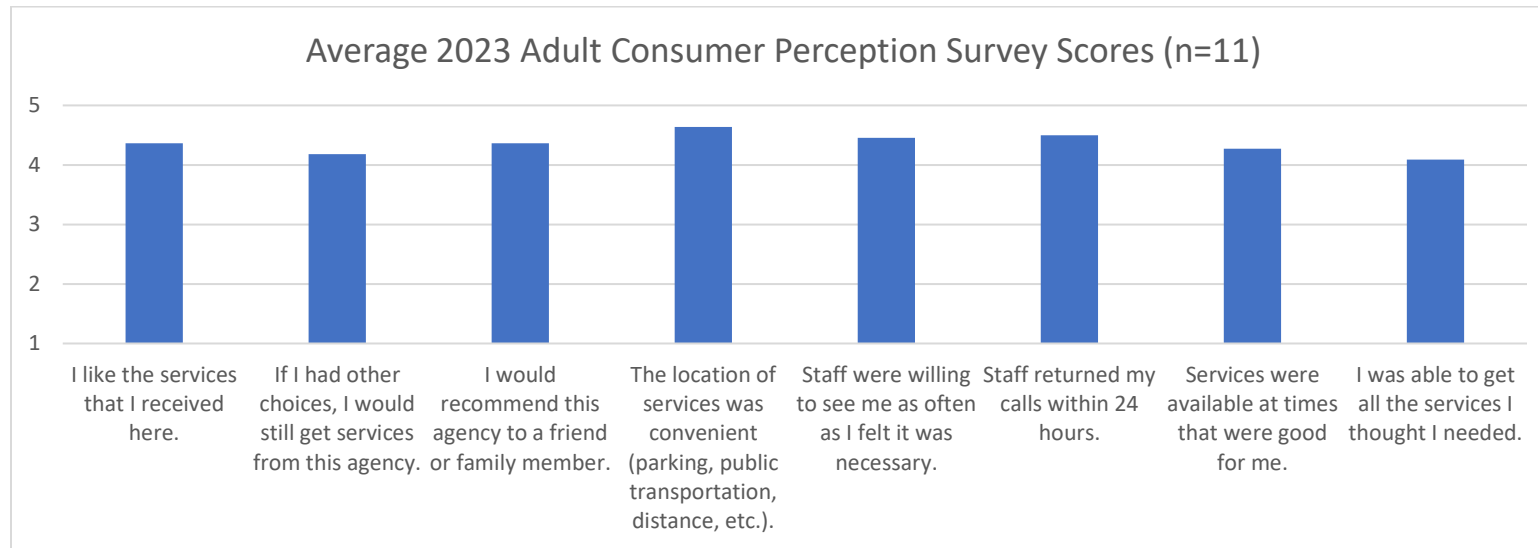
#### **Insurance/Access Concerns**

- Three separate individuals commented on the challenges related to accessing care for those with private/commercial insurance. One suggested not allowing companies to participate in the Exchange if they don't provide local care options. One person described their frustration at being denied services at MCBH because they didn't have Medi-Cal. One person described in depth their experience calling all non-MCBH mental health providers throughout Mono County and Bishop, stating that “Trying to find a mental health provider in Mono County is HARD. MCBH primarily only takes Medi-Cal subscribers. The wait list for Mammoth Hospital Behavioral Health [when I called was] 3-4 months...That makes being a depressed person with mental health issues in Mono County pretty isolating and hard. It shouldn't be so hard to get help. I know that goes beyond MCBH but just some general feedback.”
  - A note to readers: as the designated “Mental Health Plan,” MCBH’s mandate is to provide specialty mental health services to individuals with Medi-Cal. MCBH

goes beyond this mandate and serves children and their families with private/commercial insurance through its school program and responds to crisis calls/assessments for people with private/commercial insurance.

### 2023 Consumer Perception Survey (CPS) Results

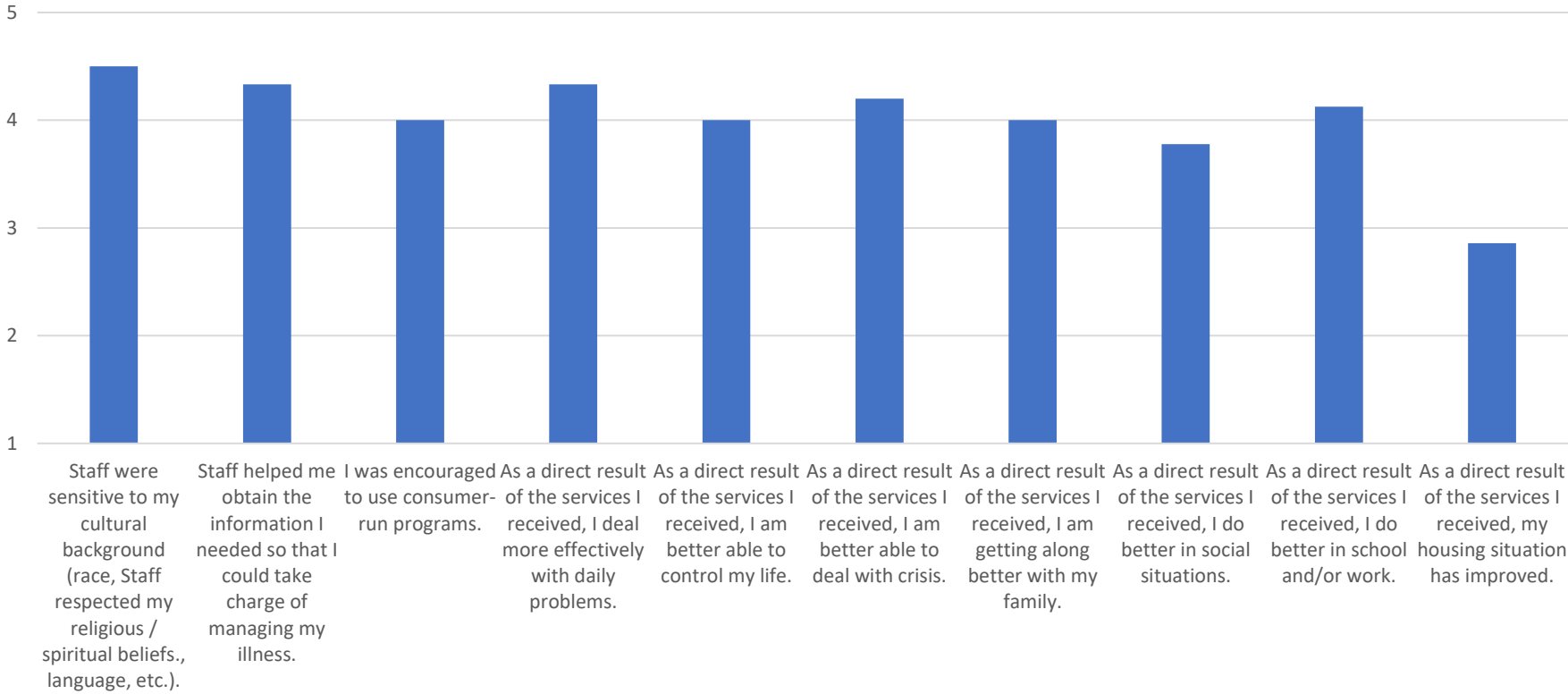
The CPS is an annual survey created by the Department of Health Care Services MCBH offers to each Medi-Cal beneficiary who receives services during one week each spring. In 2023, MCBH administered 20 surveys; however, only 15 individuals completed the survey. Of the completed surveys, 11 were submitted by adults, 3 by a youth, 1 by an older adult. As a result, MCBH has averaged the scores of the 11 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 2023 Adult Consumer Perception Survey Scores (n=11)

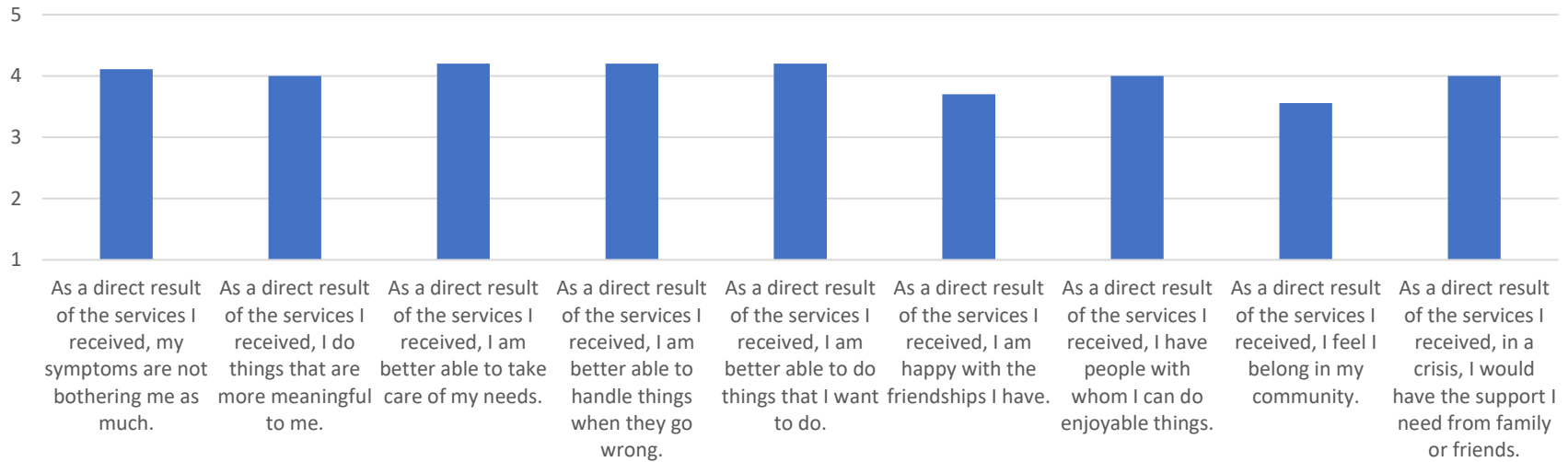


### Average 2023 Adult Consumer Perception Survey Scores (n=11)





## Average 2023 Adult Consumer Perception Survey Scores (n=11)



### **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 eight staff members including diversity in race/ethnicity, sexual orientation, lived experience, and geographic location. Together this group brainstormed feasible strategies to outreach to a diverse set of stakeholders in this CPPP, which resulted in all the data collection outlined above.

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

### **Conclusion**

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

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

Finally, MCBH staff received a training on the CPPP so that they are more aware of how stakeholders' input impacts the department's decision-making and MHSA planning. This training took place on 12/12/23 and included 25 participants. Please see Appendix C for sign-in sheet and hand-out used.

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## LOCAL REVIEW PROCESS

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**30-day Public Comment period dates:** May 10, 2024 – June 9, 2024

**Date of Public Hearing:** June 10, 2024 from 3:00-4:30 pm

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

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

Bridgeport Memorial Hall  
73 North School Street Bridgeport, CA 93517

Hybrid Zoom Option:

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

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

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

The plan was posted at [monocounty.ca.gov/MHSA](http://monocounty.ca.gov/MHSA) on May 10, 2024. A news article was posted on MCBH's website and the Mono County website on May 10, 2024. Please see images in Appendix G for examples of advertisement (to be updated following public comment period).

- Advertisements for the public comment period will be placed in three local newspapers: The Sheet, the Mammoth Times, and El Sol de la Sierra (a Spanish language newspaper). Legal notice will be placed in The Sheet. Flyers advertising the public comment period and public hearing will be also posted throughout the County in well-trafficked public places such as post offices and community bulletin boards. Additionally, advertisement will go 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: to be updated following public comment period
  - The Sheet: 5/18/24 and 6/1/24
  - El Sol de la Sierra: 5/16/24 and 6/6/24

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

To be updated following public comment period and public hearing:

The public hearing will be held on June 10, 2024 from 3:00-4:30 pm in person and via Zoom. The public hearing was facilitated by MCBH staff and took place during the regular meeting of the Behavioral Health Advisory Board (BHAB). \_\_\_ members of the BHAB attended in person, \_\_\_ attended virtually, \_\_\_ MCBH staff members were in attendance. Other attendees included: \_\_\_\_\_. After a brief discussion of the plan, including \_\_\_\_\_, the BHAB voted to \_\_\_\_\_ the MHSA Annual Update.

- After the minutes are approved on 8/12/24 they will be available at this link: <https://www.monocounty.ca.gov/behavioral-health/page/behavioral-health-advisory-board-meeting-public-hearing-mhsa-annual-update>

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

To be updated following public comment period and public hearing.

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

To be updated following public comment period and public hearing

## MHSA Issue Resolution Process

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

## COMMUNITY SERVICES AND SUPPORTS

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

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

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

**CSS Table 1. CSS Service Categories & Programs/Services**

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

## Full Service Partnerships (FSP)

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

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

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

Each client in the FSP program is assigned a Behavioral Health Services Coordinator (BHSC) or a Case Manager (CM) as the single point of responsibility for that client/family. Additionally, Full Service Partners are introduced to other BHSCs and CMs, as well as front office staff, including the individuals who staff MCBH’s 24/7 Access Line. This ensures that a known and qualified individual is available to respond to the client/family 24 hours per day, 7 days per week. Additionally, all MCBH staff, receive extensive cultural competence training. It is also ensured that all Spanish-speaking FSPs are placed with a Spanish-speaking BHSC or CM (Spanish is Mono’s only threshold language). These BHSCs and CMs, along with the assigned therapist are

responsible for developing a Treatment Plan/Problem List, which also serves as the Individual Services and Supports Plan. To ensure that MCBH is able to transport clients or meet with them in the field, MCBH is also planning to purchase a vehicle using FSP funds in FY 23-24 and several more in FY 24-25.

A key component of MCBH's FSP program is providing housing support and services. Affordable housing, specifically for those with mental illness, is a critical concern in Mono County. In response, MCBH has an interdisciplinary team that works together to find and secure housing for FSP clients who are homeless or at risk of homelessness. This also includes assisting with first and last month rent deposits and occasionally securing emergency housing for individuals in crisis or who are unexpectedly experiencing homelessness who do not meet 5150 criteria.

In FY 23/24, MCBH made 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.

The total number of unduplicated FSP clients for FY 2023-2024 was approximately 27, 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 2023-2024	FY 2024-2025	
	All one program	FSP South County	FSP North County
Children (0-15)	3	3	1
TAY (16-25)	4	1	1
Adult (26-59)	15	13	3
Older Adult (60+)	5	5	2
<b>Total</b>	<b>27</b>	<b>22</b>	<b>7</b>



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), The Pacific Companies (selected developer), and Buckingham Property Management. In addition to the housing units, it will include offices for supportive services, a community space for residents, and a day care facility. Ultimately, this neighborhood will include 400+ units of affordable housing. MCBH partnered with Pacific to complete its non-competitive No Place Like Home application and was awarded \$500,000 toward the project. As part of the No Place Like Home grant, MCBH developed a supportive services plan with in-kind services. Please visit the link below for more detail on how services will be provided at this housing project.

- [https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral\\_health/page/10057/mono\\_county\\_nplh\\_mou\\_signed\\_-\\_signed.pdf](https://www.monocounty.ca.gov/sites/default/files/fileattachments/behavioral_health/page/10057/mono_county_nplh_mou_signed_-_signed.pdf)

In 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 continued in 2023 and all parties anticipate opening 15 units of general affordable housing including three units of permanent supportive housing (PSH) in June 2024. It is anticipated that the rest of the units and the office space will become available in July, August, or September 2024. 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 24-25.

In support of this project, MCBH purchased furnishings (approximately \$45,000) for eight of the units and accessories (approximately \$1,500 per unit) for three of the units in FY 23-24 and assisted clients with deposits and moving fees. Accessories include everything from silverware and dishes to cleaning supplies and bathmats. At this time, all furnishings and accessories are the property of MCBH. MCBH is also purchasing furnishings for its two office spaces on-site, which will cost approximately \$14,000. Additional furnishings and accessories will be purchased for the remaining units in FY 24-25 as residents are identified and complete the furnishing and accessory request sheet.

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 MHSAs funding.

Like the MHSAs Housing Program, the Telehealth Services Program is funded in part through FSP and partially through GSD. The Telehealth Services Program includes psychiatry services and therapy services (as needed) provided via telemedicine through a contractor. For the majority of FY 23-24, MCBH contracted with North American Mental Health Services (NAMHS). Due to the resignation of a psychiatrist and some other administrative challenges, MCBH opted to change its psychiatry contractor and is now working with CalMHSAs and Astrya to contract with a psychiatrist who would also be able to serve Mono County in person periodically.

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

The Wrap Program is a well-established partnership between MCBH, Mono County Probation, and Mono County Department of Social Services (DSS). The Mono County Wrap Program can serve up to two families at any given time and "wraps" these families in a variety of services, holds regular family meetings, and helps families meet basic needs like housing, food, etc. (a key strategy identified in the CPPP to promote mental health). A major achievement of FY 23-24 was hiring a Case Manager to serve as a parent partner; she has also enrolled in a peer support specialist certification program. Wrap is funded in large part under FSP with a small part under GSD.

## General System Development

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

The expanded case management and supportive services category enables MCBH to offer services to a wide variety of clients in need of additional supportive services. When determined

clinically appropriate, this program includes purchases such as food, phone bills, medication, etc. for clients who do not qualify for FSP services; these purchases must be related to the client's treatment. This program has also allowed MCBH to hire both entry level staff and to promote experienced behavioral health staff who are often clients/family members or bilingual and from the Latinx community, thus creating career pathways to higher paying positions, such as Psychiatric Specialist, SUD Counselor, or Staff Services Analyst.

In terms of crisis intervention and stabilization, MCBH staff are available 24/7 including responding to crisis calls from the Mammoth Hospital Emergency Department for 5150 assessments and use funds from this program to cover costs like hotel rooms, etc. to help clients stabilize following a crisis. In FY 23-24, MCBH opted to allocate staff time to this program and it will continue to do so in FY 24-25. 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 and is preparing to meet the requirements of the Medi-Cal Mobile Crisis Benefit by July 1, 2024.

MCBH provides wellness center programming in three locations: Walker Wellness Center, Sierra Wellness Center in Mammoth Lakes, and Bridgeport Memorial Hall. Additionally, the department offers wellness programming at the community center in Crowley Lake. 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. Beginning in FY 24-25, MCBH will be increasing its focus on FSP services in Bridgeport and Walker, ensuring that programming also meets the needs of FSP clients. As a result, some costs associated with operating wellness centers will be allocated to the new North County FSP program. Utilizing feedback from the Community Program Planning Process as a guide, MCBH offered the following programming funded through the Wellness Center Program in FY 23-24:

- Bridgeport:
  - Journaling
- Crowley
  - Yin Yoga Stretch
  - Mat Pilates
- Walker
  - Kid's Art Program
  - Parent Project
  - Ukulele
  - Mindful Hiking
  - Community Garden
  - Walking Group
  - Nutrition and Cooking Classes
- Mammoth
  - Sunday Senior Doughnut Drop-In

- Yoga
- Mammoth LGBTQ+ Potluck.
- Circulo de Mujeres in Mammoth
- Programming is also offered in Benton but is funded under another grant

## 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 23-24. 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 Use Block Grant (SUBG).

MCBH hosted four Foro Latino events that attracted more than 200 participants in FY 23-24. 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 2023 was very successful including a Mental Health Family Dinner presented by TANF and OVDC in Walker and in Bridgeport, a Gender Fluidity and Non-Binary Community Gathering, and a Mental Health Resiliency Lunch. In May 2023, Mental Health Month events include a screening of the mental health film "Paradise Paradox" at Minaret Cinemas, a Foro Latino, a Mental Health First Aid Course, and free community yoga. MCBH is also planning to participate in PRIDE month activities through June to reach out to and support our LGBTQ+ community members participation at the Mountain Queers Pride event and sponsorship and tabling at the Eastern Sierra Pride Festival. MCBH will also be hosting a Pride BBQ.

Throughout FY 23-24, MCBH contracted 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.

## Administrative Costs

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

MCBH has a variety of administrative costs that were added in FY 23-24 or will be added in FY 24-25. Administrative costs are spread across components, with the largest allocation coming from CSS. MCBH has a number of contract costs with CalMHSA related to interoperability and data archiving, HEDIS quality measure analysis, the State hospital program, revenue cycle management, and fiscal optimization. Finally, MCBH has budgeted contingency funding to ensure that it can start planning for the new requirements under Proposition 1 and any other new requirements that are announced by the Department of Health Care Services (DHCS).

## CSS Achievements & Outcomes

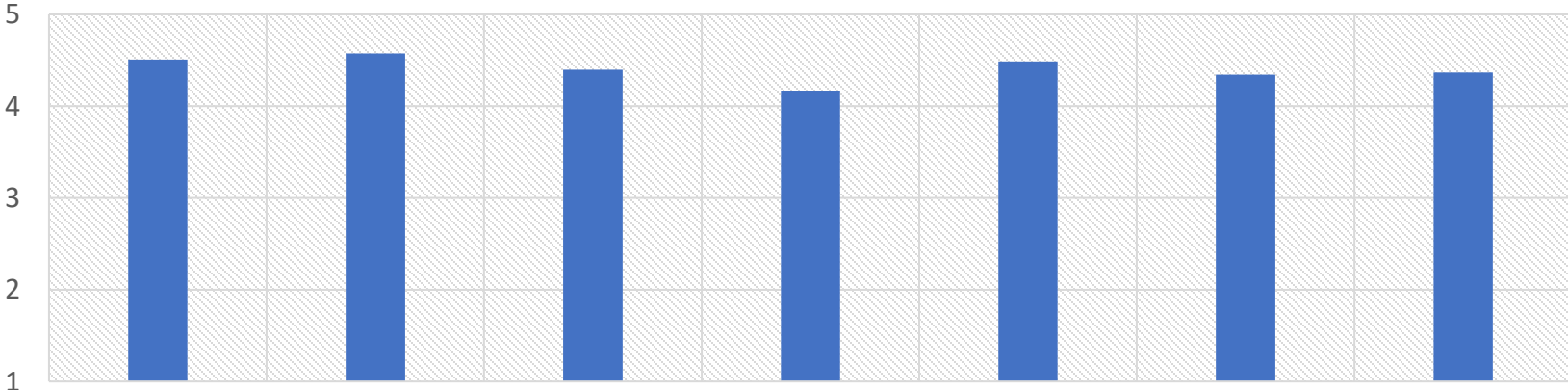
MCBH has several notable achievements in FY 23-24 thus far, the first being the recruitment and/or retention of four therapists, including one who is Spanish speaking. MCBH has intentionally built a workforce culture designed to retain employees. Two MCBH case managers completed their Peer Support Certifications and another one has enrolled. The department hired a dedicated parent partner for its Wrap Program and provided Wrap services to two families. MCBH implemented a new electronic health record and spent significant time in FY 23-24 preparing for various CalAIM initiatives and new requirements. Finally, MCBH's permanent supportive housing (PSH) developer has plans to lease 15 units of affordable housing (including 3 units of PSH) at The Sawyer in June 2024. These three PSH units will house eight clients and family members of clients. MCBH is also ready to help an additional ten client households move into PSH units early in FY 24-25.

In FY 23-24, MCBH hosted 575 community wellness program sessions serving 409 community members using MHSA (GSD and PEI funds) and Substance Use Block Grant funds. Of these, 442 programs were funded by the MHSA.

In November and December 2023, MCBH conducted a client satisfaction and impact survey and had 74 clients participate. This survey included feedback from a variety of clients that receive FSP and GSD services. Across the board, clients agree that they are satisfied with our services, are feeling a positive impact from our services, and find our services to be accessible. The following page contains a graph of the average response to each of these measures. Clients also shared such feedback as:

- I love the environment so much at Mono County Behavioral Health
- MCBH saved my life and changed it for the better.
- The services I have received from MCBH have been outstanding. I have grown immensely and am very grateful for the kind help I have received. From the receptionist to the medical providers, I have always been treated with kind respect. I feel very fortunate.
- I think telehealth services are very useful and are helping me be able to take my mandatory classes while remaining employed
- I love my services, please don't change them.
- I feel really confident about this program in getting the help I need and the resources I need. Not feeling so much pressure from other resources that I did before learning about this program, knowing but I have people on my side.
- I really appreciate all the help that I get from MCBH, not only case management but morale boosters and encouragement in my journey of self improvement and discovery.
- I have been receiving services with Mono County Behavioral Health for about 5 years now. They are always looking to improve their services, which over the years they have done so. They are super responsive and listen to what you need. They are one of the best providers for mental health services.
- Really appreciate the services and I was able to get into services so quick.

Average Scores n=74  
 1 = strongly disagree | 5 = strongly agree



I like the services that I have received here. I have a good relationship with my MCBH service providers. As a direct result of the services I received, I am better able to handle things when they go wrong. As a direct result of the services I received, my symptoms are not bothering me as much. Staff here believe I can grow, change, and recover. I have access to my provider(s) when I need them the most. Services were available at times that were good for me.

## Challenges or barriers, and strategies to mitigate

In FY 23-24, MCBH devoted a significant amount of administrative time to tracking Proposition 1, Governor Newsom's reform of the Mental Health Services Act. Although there are some exemptions for small counties, MCBH is concerned about how the changes in the bill will impact overall service delivery and it is concerned about the added administrative burden. Direct service staff have also expressed concerns and MCBH Leadership has worked to help staff feel supported through this time of uncertainty. Mono staff will continue to advocate for small counties in the Behavioral Health Transformation process by participating in workgroups through the California Behavioral Health Director's Association.

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

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

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

MCBH has made several changes to this Annual Update:

- MCBH separated its core FSP Program into two different programs: FSP South County and FSP North County. By formally starting an FSP program serving North County, MCBH will be better able to track services and costs across the county. In support of this change MCBH is:
  - Re-allocating some Wellness Center costs from GSD to FSP.
  - Planning to purchase and renovate a building in Bridgeport in FY 24-25.
  - Budgeting funds to take care of some deferred maintenance at the office/wellness center in Walker.
- Midway through FY 23-24, MCBH added conservatees and the costs related to their services to the FSP funding category.
- Change of contractor for the Telehealth Services program in order to improve services.
- Payment for MCBH's MHSA Housing Project (\$1,577,123.43) will be made in FY 24-25 instead of FY 22-23 or FY 23-24. MCBH is also using MHSA funds to pay for office and apartment furnishings and accessories for this project in both FY 23-24 and FY 24-25. As needed, MCBH will assist with deposits and rent.
- MCBH added a variety of administrative costs, including the purchase of a new vehicle and costs to meet interoperability and data archiving requirements, HEDIS quality measure analysis, State Hospital Program, revenue cycle management, fiscal optimization, and contingencies related to the implementation of Proposition 1.



## 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"> <li>• Peapod Playgroup Program</li> <li>• Walker Senior Center</li> <li>• North Star School-Based Services</li> </ul>	<ul style="list-style-type: none"> <li>• Community Trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach in Outlying Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Community Engagement</li> </ul>

### Prevention & Early Intervention

The Peapod Playgroup Program targets children from birth to five years old and their parents in six communities throughout Mono County that is operated by Mono First 5. Every year, First 5 strives to provide three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which children and their parents gather together. The program is peer-run (peer-leaders go through a training program) and consists of structured activities for parents and children to participate in together. This 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 early intervention 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. MCBH has executed a three-year contract with Mono First 5 for this program. In the case that the changes from Proposition 1 impact the long-term sustainability of this program, MCBH still intends to fund the program in FY 24-25, FY 25-26, and FY 26-27.

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 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. In FY 23-24, MCBH had one therapist position that is partially funded out of the MHSSA grant and received administrative funding for the grant. Other positions that are funded by this grant include a Program Coordinator, two trainee therapists, and a case manager – in FY 23-24, these positions were all employed under the Mono County Office of Education (MCOE). In FY 24-25, the majority of the positions will be employed under MCBH.

Please note that in FY 24-25, MCBH will be exploring the possibility of changing the name of this program from North Star School-Based Services Program to Mono County Behavioral Health School-Based Services Program. There are a few reasons, MCBH is considering this change: 1) Inyo County Office of Education operates an unaffiliated school-based counseling service called North Star, which can be confusing for clients; 2) MCOE has its own counseling department which is unaffiliated with MCBH/North Star, which can be confusing for the schools; 3) community members and even school officials often suggest to MCBH that we should be doing work in the

schools and are surprised to learn that we are part of North Star; 4) to ensure that no referrals or calls fall through the cracks, MCBH would like to utilize its front office for administrative help.

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

MCBH regularly responds to requests for trainings and the department's director spends a portion of her time advocating for mental health in ways that align with this component. In FY 23-24, MCBH spoke at several community events, including film screenings of "Paradise Paradox," a movie about mental health in mountain towns. MCBH previously funded several Mental Health First Aid courses per year under this category, but these courses are now funded under MCBH's Crisis Care Mobile Units grant in an effort to help MCBH educate the community on mobile crisis services.

## Access and Linkage to Treatment

Staff members in North County offer such access and linkage programming as Trauma-Informed Yoga and Chair Yoga in Walker. 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. When an individual or their parents, caregivers, or other family members, are identified as needing mental health services, the case managers who run these programs provide information about seeking individual services with MCBH, including providing the front office number and offering to call with the client to schedule an intake. Referrals are documented in a log and the case managers follow-up with clients to see if they were interested in/able to schedule an appointment. By offering consistent weekly programming in areas where there are limited other services, MCBH is able to support clients in their engagement in treatment and services as needed.

## Stigma and Discrimination Reduction

To reduce stigma and discrimination, MCBH operates a program called Community Engagement that involves the active management of a Facebook page. In spring 2024, MCBH asked its Facebook followers to participate in a survey (to be administered annually) in an effort to measure changes in attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services. The survey had minimal participation, but the respondents reported that the program is having a positive effect.

In FY 23-24, MCBH was planning to recruit a part-time position to manage content for its Facebook page and possibly expand to other social platforms, but this did not materialize. The department also received feedback during its CPPP that members of the community like to connect with the mindfulness and meditation videos that are posted weekly.

## PEI Achievements

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

## Challenges or barriers and strategies to mitigate

MCBH's PEI programs still lack some evaluation components, which is evident in the confidential version of the PEI Evaluation Report submitted to the Mental Health Services Oversight and Accountability Commission. MCBH is also beginning to work on if/how PEI programs may be sustained given the changes coming from Proposition 1.

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

MCBH is now funding all Mental Health First Aid courses using Crisis Care Mobile Unit grant funding. MCBH did not end up hiring a staff member to manage/expand social media. MCBH is considering changing the name of the North Star program to reduce confusion across the county.

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

Regulatory PEI Priorities	Childhood Trauma & Early Intervention	Early Psychosis & Mood Disorder Detection & Intervention	Youth Outreach & Engagement Strategies	Culturally Competent & Linguistically Appropriate PEI	Strategies Targeting Mental Health Needs of Older Adults
Citations	WIC Section 5840.6(d)	WIC Section 5840.6(e)	WIC Section 5840.6(f)	WIC Section 5840.6(g)	WIC Section 5840.6(h)
Programs and Services	<ul style="list-style-type: none"> <li>• Peapod Playgroup Program</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Community Trainings (OIR)</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach in Outlying Communities (ALT)</li> <li>• Peapod Playgroup Program</li> <li>• North Star School-Based Services Program</li> </ul>	<ul style="list-style-type: none"> <li>• Community Engagement (SDR)</li> <li>• Outreach in Outlying Communities</li> </ul>	<ul style="list-style-type: none"> <li>• Walker Senior Center</li> <li>• Outreach in Outlying Communities</li> </ul>
Estimated Share of PEI Funding Allocated	20%	21%	19%	20%	20%

**“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 2022-2023): AGGREGATED DATA

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### Background & Purpose

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

MCBH funds a variety of programs with its PEI funds, including the Peapod Playgroup Program, North Star School-Based Services, community trainings, outreach in outlying communities, and a Facebook page. MCBH has collected demographic and outcome data for some, but not all of these programs. In some cases, it is not possible to collect these data due to the nature of the program and in some cases the data collection was not completed due to lack of capacity or a lack of clarity. MCBH has improved some elements of its data collection since FY 21-22, including its measurement of access and linkage to treatment. Additionally, MCBH launched a new EHR on July 1, 2024, which will allow for modern data and reporting capacity.

### Program Descriptions

#### Peapod Playgroup Program

The Peapod Program is a partnership program between MCBH and Mono County First 5, which targets children from birth to five years old and their parents in various communities throughout Mono County. Every year, MCBH and First 5 strive to offer three to four Peapod sessions in each location; each session consists of 10 weekly playgroups in which parents and children gather together. The program is peer-run (peer-leaders go through a training program) and consists of structured activities for parents and children to participate in together. This provides time for children and their parents to socialize in rural, geographically remote communities where it is easy for families to feel alone. It also provides parents with a forum to ask developmental questions about their children, discuss problems they are having at home, and seek out services with licensed professionals.

### [North Star School-Based Services: Individual Services & School Wellness Activities](#)

This school-based program targets K-12 youth and includes individual services and school wellness activities, along with group services as needed. North Star focuses on prevention and early intervention strategies and treatments with a goal of providing quality, culturally relevant, free/low-cost counseling services and programming in both individual and group settings to Mono County students and their families.

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

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

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

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

### [Walker Senior Center](#)

The next activity funded through the Prevention category is a portion of the operations at the Walker Senior Center. Located in remote Walker, CA, the Senior Center is the fixture of a community that is 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 on how to refer individuals to MCBH for services. Through this partnership with the Walker Senior Center, MCBH has the goal of reducing isolation and building community supports, both of which have been identified as needs in the Community Program Planning Process.

### [MCBH Facebook Page](#)

The MCBH Facebook page features a variety of content, including original posts on mindfulness, meditation, general thoughts and considerations of Mental Health, promotion of MCBH events, and shared posts of mental-health related content.

### [Community Trainings](#)

In FY 22-23, MCBH hosted several Mental Health First Aid courses, including one as part of Mental Health Awareness month. The course was open to the community and local professionals. The course covered emergency response to mental health emergencies and

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

## Aggregated Demographic Information

To be completed following public comment period

**FY 22-23**

### Total served

### Age Group

**FY 22-23**

Children/Youth (0-15)

Transition Age Youth (16-25)

Adult (26-40)

Adult (41-59)

Older Adult (60+)

Prefer not to answer

### Primary Language

**FY 22-23**

English

Spanish

Other

Prefer not to answer

### Race / Ethnicity

**FY 22-23**

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Hispanic/Latino

Caribbean

Central American

Mexican/ Mexican-American/Chicano

Puerto Rican

South American

African

Asian Indian / South Asian

Cambodian

Chinese

Eastern European

European

Filipino

Japanese

Korean

Middle Eastern

Vietnamese



- Other
- More than one race/ethnicity
- Prefer not to answer

**Sex Assigned at Birth** **FY 22-23**

- Male
- Female
- Other
- Prefer not to answer

**Sexual Orientation** **FY 22-23**

- Heterosexual or Straight
- Bisexual
- Gay or Lesbian
- Queer
- Another sexual orientation
- Questioning or unsure of sexual orientation
- Prefer not to answer

**Gender Identity** **FY 22-23**

- Male
- Female
- Transgender Male
- Transgender Female
- Genderqueer/gender non-conforming
- Questioning/ unsure of gender identity
- Another gender identity
- Prefer not to answer

**Disability** **FY 22-23**

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

**Veteran Status** **FY 22-23**

- Never served in the military

Currently active duty

Currently reserve duty or National Guard

Previously served in the US Military and received an honorable or general discharge

Previously served in the US Military and received entry-level separation or other than honorable discharge

Served in another country's military

Other

Prefer not to answer

## Program Outcomes

### Peapod Playgroup Program

The commentary style feedback provided from participating adults of the Peapod program for FY 22-23 proved very positive and useful. The consensus of the served population was that they really enjoyed the sessions and spoke highly of the instructors; below are some key take-aways from the satisfaction surveys.

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
Met my expectations for a play group	100.00% 31	0.00% 0	0.00% 0	0.00% 0	0.00% 0	31
Was a helpful forum for talking about parenting	96.77% 30	0.00% 0	3.23% 1	0.00% 0	0.00% 0	31
Addressed my family's needs and interests	90.32% 28	6.45% 2	3.23% 1	0.00% 0	0.00% 0	31
Introduced helpful resources	87.10% 27	3.23% 1	9.68% 3	0.00% 0	0.00% 0	31

	STRONGLY AGREE 5	MODERATELY AGREE 4	NEITHER AGREE NOR DISAGREE 3	DISAGREE 2	STRONGLY DISAGREE 1	TOTAL
Was knowledgeable and well prepared	100.00% 31	0.00% 0	0.00% 0	0.00% 0	0.00% 0	31
Answered questions and suggested resources	96.77% 30	0.00% 0	3.23% 1	0.00% 0	0.00% 0	31
Facilitated children's play	100.00% 31	0.00% 0	0.00% 0	0.00% 0	0.00% 0	31
Facilitated parent interaction	100.00% 31	0.00% 0	0.00% 0	0.00% 0	0.00% 0	31

	STRONGLY AGREE5	MODERATELY AGREE4	NEITHER AGREE NOR DISAGREE3	DISAGREE2	STRONGLY DISAGREE1	TOTAL
I would feel comfortable with seeking mental health care if I felt like I needed some help.	90.32% 28	6.45% 2	3.23% 1	0.00% 0	0.00% 0	31
I know where to get mental health care in my community.	83.87% 26	16.13% 5	0.00% 0	0.00% 0	0.00% 0	31
I know how to go about getting mental health care in my community.	80.65% 25	19.35% 6	0.00% 0	0.00% 0	0.00% 0	31
I know about some of the mental health issues common to families with young kids.	80.65% 25	16.13% 5	0.00% 0	3.23% 1	0.00% 0	31

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

- a place to play indoor!
- welcoming environment, consistent experience
- fun environment
- Amazing leader Lara Walker she has best support for moms and kids
- fun activities
- welcoming environment, loved the crafts
- Enjoy the addition of crafts
- Mrs. Walker is awesome
- fun crafts!
- Amazing team, great programs for kids, arts
- we love the options for playing, singing or creating! Thank you Laura
- Leader's creativity and knowledge of early childhood development
- open-ness of free play & songs
- group play & great activities yo keep children engaged
- lots of activities for the kids
- sense of community
- fostered group & independent play
- Very family oriented
- Laura is great at making a welcoming environment

**FY 2022-23****Quarter 1**

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	27	32	63	12	5
Bridgeport	3	3	11	7	2
Benton	2	2	12	7	2
<b>Total</b>	<b>32</b>	<b>37</b>	<b>86</b>	<b>26</b>	<b>3</b>

**Quarter 2**

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	29	35	109	17	6
Bridgeport	3	3	12	9	1
Benton	2	2	2	1	2
Chalfant	5	6	12	4	3
<b>Total</b>	<b>39</b>	<b>46</b>	<b>135</b>	<b>31</b>	<b>3</b>

**Quarter 3**

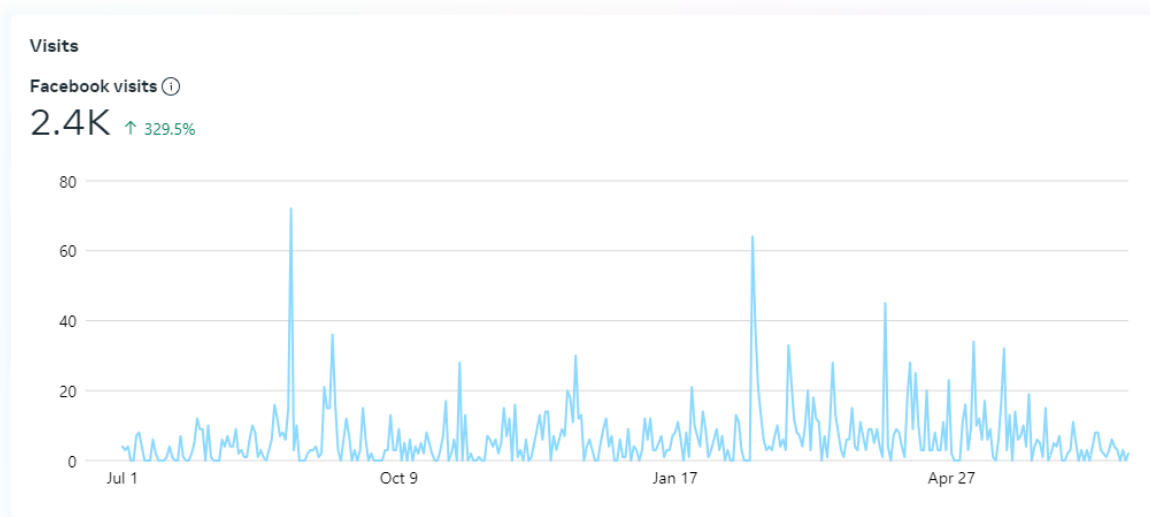
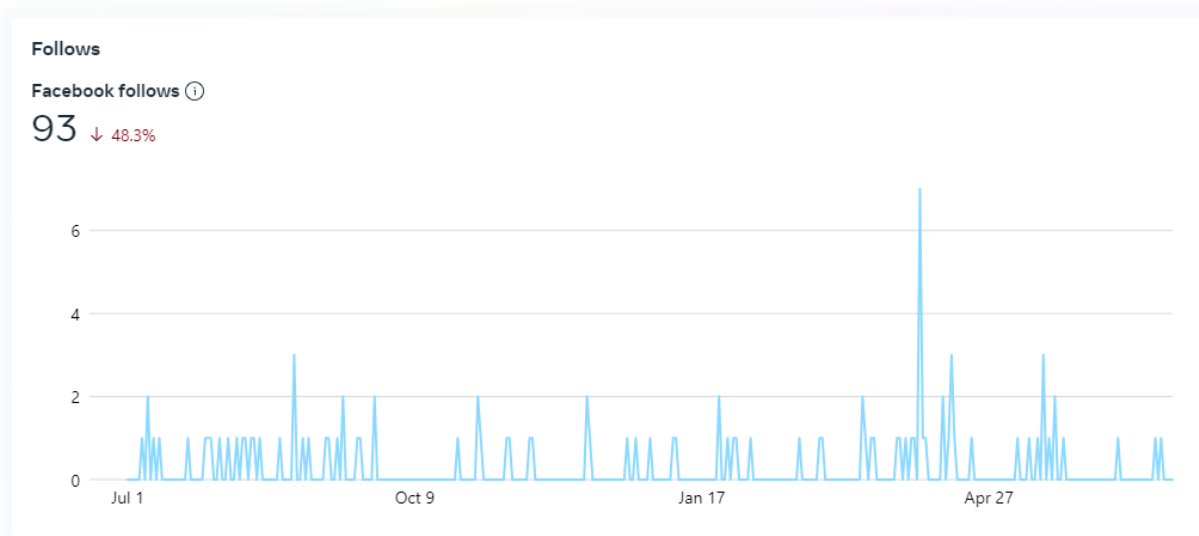
Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	19	23	57	11	5
Chalfant	6	3	17	7	2
<b>Total</b>	<b>25</b>	<b>26</b>	<b>74</b>	<b>18</b>	<b>4</b>

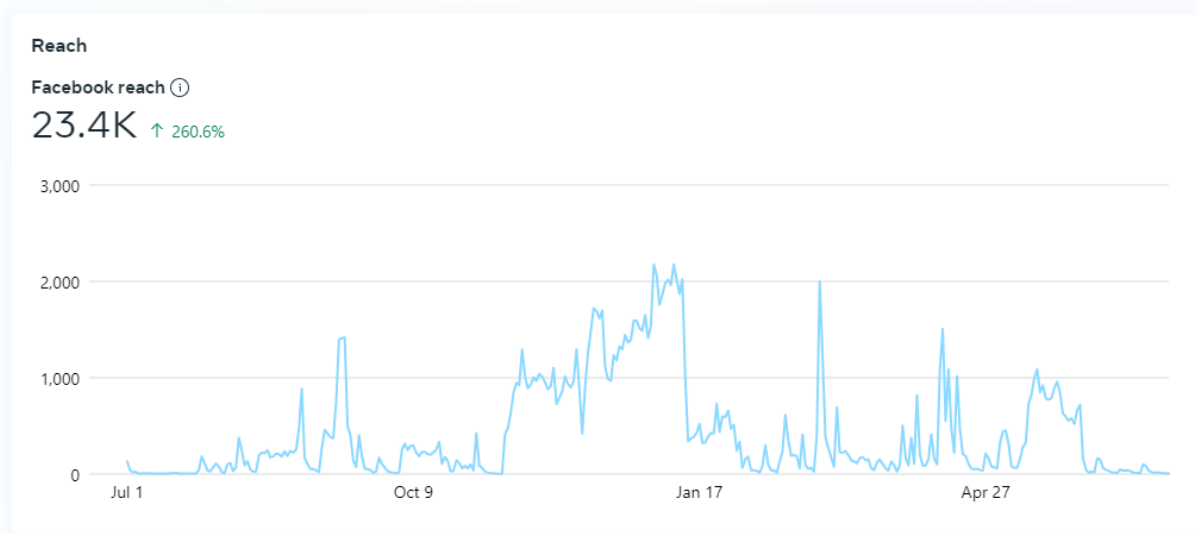
**Quarter 4**

Location	Families Served	Kids Served	Kids' total Attendance	# Groups offered	Avg # of Kids in Attendance
Mammoth Lakes	32	44	114	17	7
<b>Total</b>	<b>32</b>	<b>44</b>	<b>114</b>	<b>17</b>	<b>7</b>

## MCBH Facebook Page

Program outcomes for the MCBH page are determined by social media engagement. Below are three graphs demonstrating the follows, visits, and reach for FY 22-23.





Every year, MCBH distributes a survey to gather program outcomes that resulted from the MCBH Facebook Page content. The questions in the survey aim to identify the direct results of viewing our content, in terms of stigma reduction of mental health conditions and getting help for mental health issues. The survey also asked participants to identify feedback and improvement ideas for content and reachability through our page. The results were as follows:

100% of participants strongly agreed or agreed that they were:

- More likely to believe anyone can have a mental health condition, or more likely to believe that people with mental health conditions can contribute to society.
- More willing to talk to a friend or family member if they thought they were experiencing mental distress.
- More willing to actively and compassionately listen to someone in distress.

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## INNOVATION

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MCBH currently has one on-going Innovation project, the Semi-Statewide EHR Project, that began in FY 22-23. This Annual Update includes the Final Innovation Project Report for Help@Hand, which concluded in February 2023 and the FY 22-23 Annual Innovation Report for the Semi-Statewide EHR Project. Below is also a brief summary of the EHR project and a brief status update. For full Innovation plans, please visit [monocounty.ca.gov/MHSA](https://monocounty.ca.gov/MHSA).

Please note that MCBH discovered an error in its FY 23-26 Three Year Plan, in which the budget sheets at the end of the plan stated that the name of the Semi-Statewide Enterprise Health Record Project was simply "CalMHSA EHR Project." This was incorrect and was corrected on the FY 22-23 Annual Revenue and Expenditure Report and in the budget sheets posted at the end of this Annual Update in FY 24-25.

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

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

The key principles of the EHR project include:

- **Enterprise Solution:** Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of County Behavioral Health Plans.
- **Collective Activism:** Moving from solutions developed within individual counties to a semi-statewide scale allows counties to achieve alignment, pool resources, and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk, and improving quality.

- **Leveraging CalAIM:** CalAIM implementation represents a transformative moment when primary components within an EHR are being re-designed (clinical documentation and Medi-Cal claiming) while data exchange and interoperability with physical health care towards improving care coordination and client outcomes are being both required and supported by the State.

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

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

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

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



### ***Project Learning Goals***

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

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## INNOVATION PROJECT REPORTS

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

Below are links to the full Quarter 1-2 Year 5 Evaluation Report, which serves as the Final Innovation Project Report for Help@Hand. Below are excerpts from the plan that pertain to Mono County Behavioral Health.

[https://helpathandca.org/wp-content/uploads/2023/11/Help@Hand-Evaluation\\_Y5.Q1-2-Report-2.pdf](https://helpathandca.org/wp-content/uploads/2023/11/Help@Hand-Evaluation_Y5.Q1-2-Report-2.pdf)

[https://www.monocounty.ca.gov/sites/default/files/filefield\\_paths/helphand-evaluation\\_y5.q1-2-report-2.pdf](https://www.monocounty.ca.gov/sites/default/files/filefield_paths/helphand-evaluation_y5.q1-2-report-2.pdf)

As a brief overview, this Innovation project was completed February 8, 2023, and was not 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.

# City of Berkeley, Mono County, and Tri-City



## myStrength Evaluation

### INTRODUCTION

The City of Berkeley, Mono County, and Tri-City offered free myStrength subscriptions for residents in their county/city as described in **Table 3.1**.

Table 3.1. Implementation of myStrength in Help@Hand Counties/Cities.

County/City	Time Period of myStrength Implementation	Core Audiences	Number of Consumers who Enrolled in myStrength <sup>5</sup>
City of Berkeley	October 2021 – October 2022	All city residents	1,729
Mono County	May 2022 - February 2023 <sup>6</sup>	All county residents, with a focus on: <ul style="list-style-type: none"><li>• College students</li><li>• Monolingual Spanish speakers</li><li>• Isolated populations</li></ul>	104
Tri-City	June 2022 - Ongoing	Selected populations within the county: <ul style="list-style-type: none"><li>• Transition Aged Youth (TAY)</li><li>• Monolingual Spanish speakers</li><li>• Older adults</li></ul>	22

This section includes preliminary findings on consumer engagement and the staff experience. Evaluation of consumer engagement with myStrength in the City of Berkeley, Mono County, and Tri-City included analysis of app data and a consumer survey. Evaluation of the staff experience included surveys with staff in Mono County and interviews with staff in Tri-City.

## CONSUMER ENGAGEMENT EVALUATION

This section reports app data of 1,855 consumers (93% of consumers were City of Berkeley residents) between October 2021 and June 2023.<sup>7</sup> Key findings from app data are largely similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report. It is important to note that results and trends are preliminary since enrollments are still ongoing.

In addition to the app data, the Help@Hand evaluation team emailed surveys to consumers enrolled in myStrength. This section does not include data from the consumer surveys since there were small increases in survey responses since the Help@Hand Statewide Evaluation: Year 4 Annual Report. The next Help@Hand Statewide Evaluation Report will include updates on the survey data.

### Key Findings

#### User Engagement



The majority of consumers stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.

#### User Interests



Lifestyle (33%) and Spirituality (32%) were the most popular user interests.

#### Mental Health



Over a third of consumers scored high on depression (40%) and anxiety (35%).

#### Recommended Programs



Post-Traumatic Stress Disorder (PTSD) (25%), Insomnia (15%), and Anxiety (13%) related programs were recommended to consumers by myStrength.

#### Mood



32% of consumers reported an improvement in mood.

#### User Activities

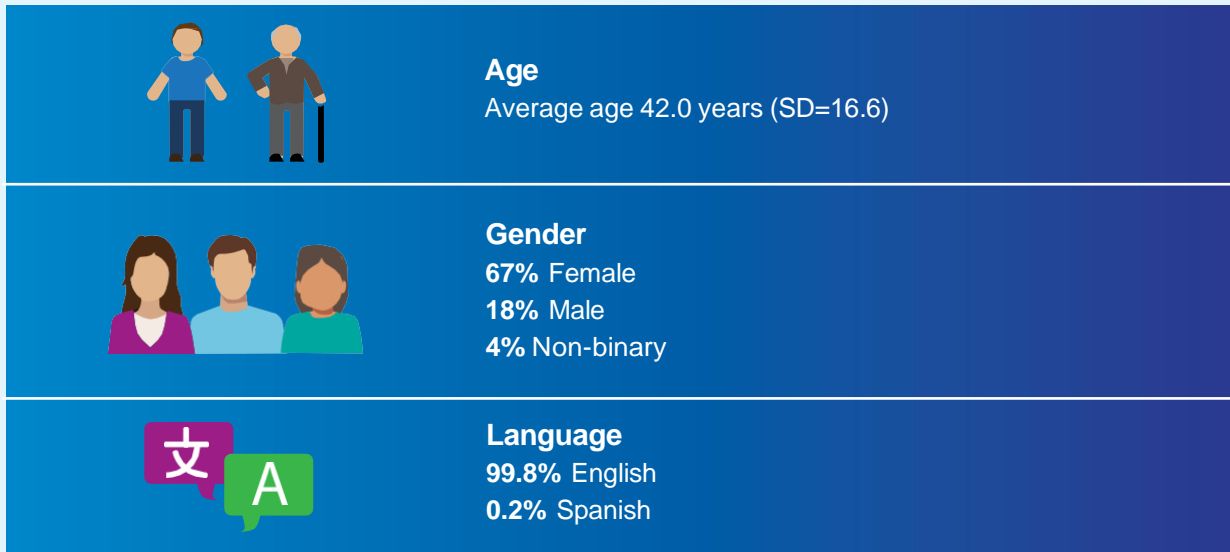


PTSD and sleep were the most popular activities.

<sup>7</sup> App data was collected until June 2023, but the last app activity of consumers on myStrength was January 29, 2023.

## Consumer Demographics

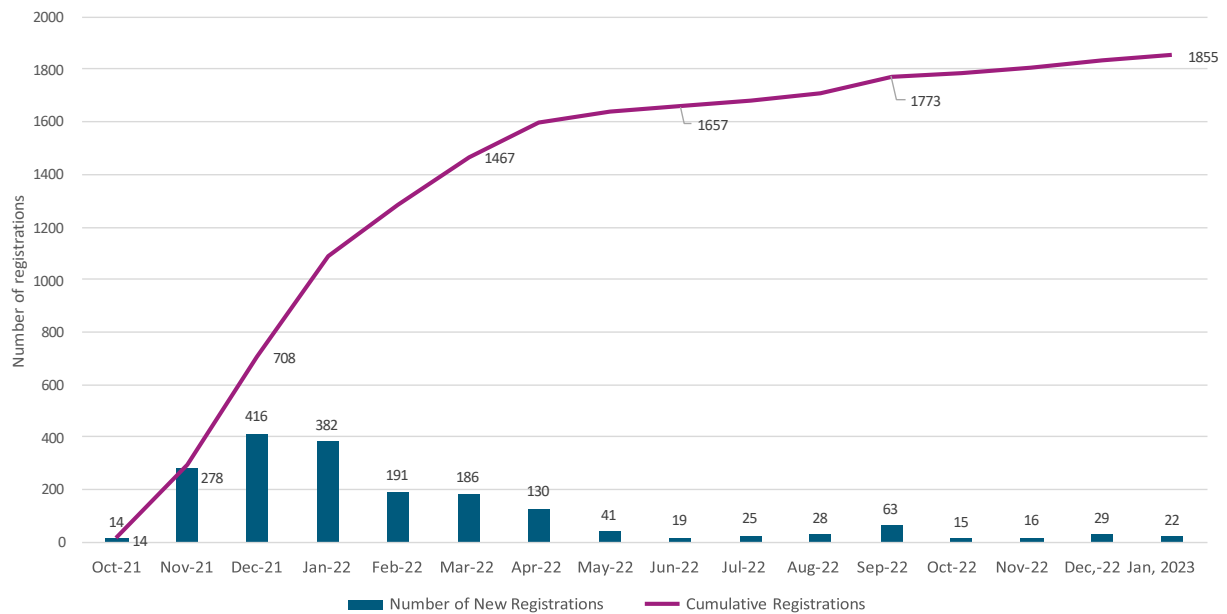
Consumers were on average 42 years old, and the majority of consumers were female and selected to use myStrength in English (N = 1,855).



## Consumer Use of myStrength

### Consumer Enrollments

The majority of consumers enrolled between November 2021 and April 2022. There were no new enrollments between February-June 2023.



## Consumer Logins and Engagement

Consumers on average logged into myStrength 3 times and used it for 20 days (N = 1,855).



Average number of logins for all consumers who registered for myStrength



Average number of logins for consumers who used the app more than a day



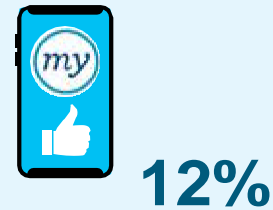
Average number of logins for consumers still using myStrength after 4 weeks



Days on average from a consumer's registration to their last login onto myStrength (SD=63.7)



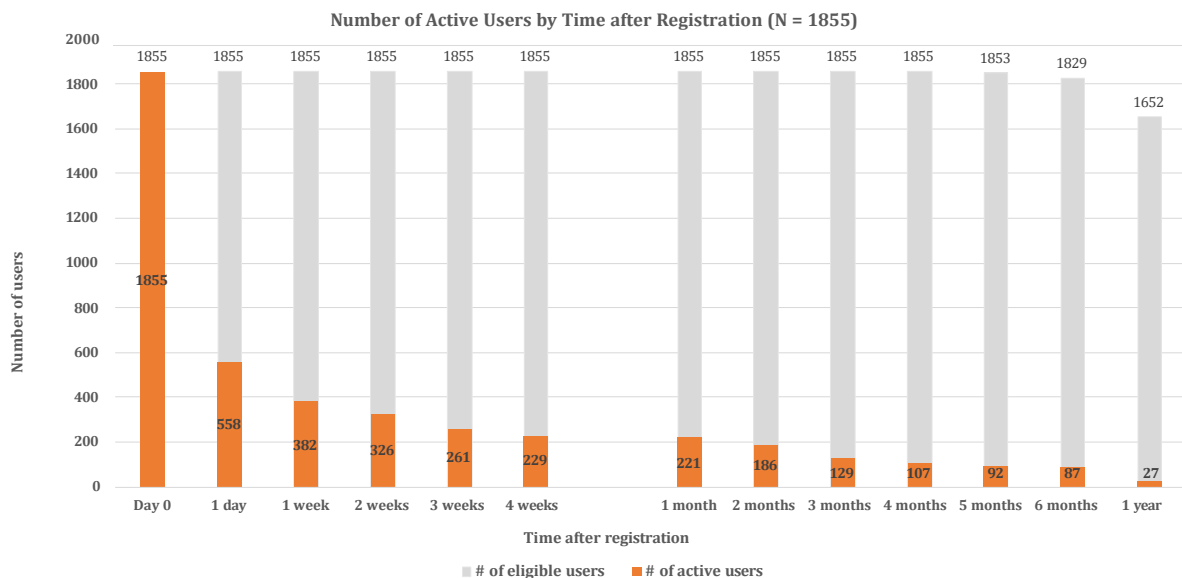
Used the app for more than a day



Still used myStrength after 4 weeks

## Active Users

The figure below shows the number of active and eligible users over time. A consumer is considered an **active user** if they logged into myStrength. **Eligible users** are all consumers who were enrolled into the implementation and had access to myStrength. Almost a third (30%, 558/1855) of consumers used the app for more than a day, and 12% (229/1,855) of consumers still used myStrength after 4 weeks.



## Mental Health Symptoms

### Well-Being, Depression, and Anxiety

Overall respondents<sup>8</sup> scored somewhat low on well-being at registration (N = 1,683). Over a third of consumers scored high on depression (40%) and anxiety (35%).

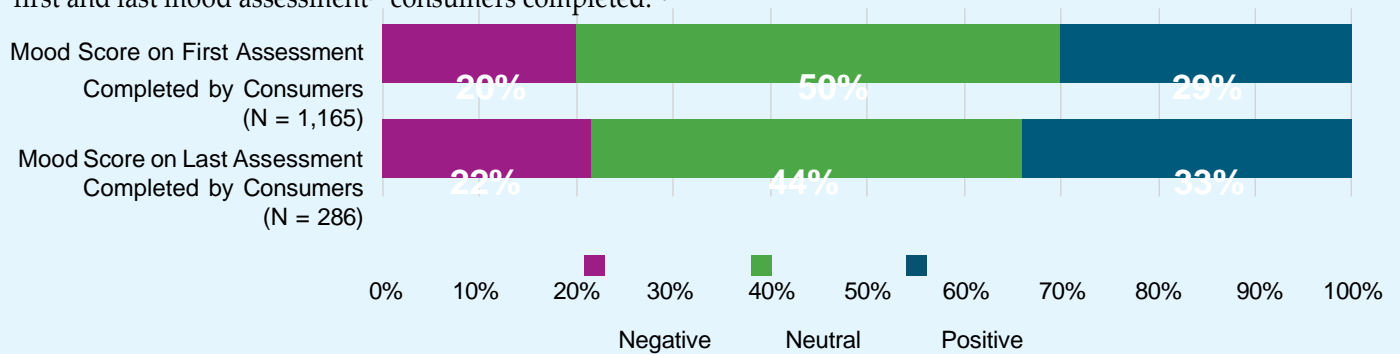
**40.3** Average **Well-being** score  
(SD = 21; range 0-100)

**40%** Scored high on **Depression**

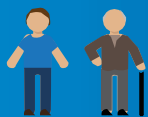



**35%** Scored high on **Anxiety**

### Mood

Half of consumers had a neutral score on their first **mood assessment**. Twenty percent (20%) of consumers self-reported a negative mood and 29% self-reported a positive mood. There was a slight increase in mood between the first and last mood assessment<sup>9</sup> consumers completed.<sup>10</sup>



Of the 286 respondents who completed at least two mood tracking records, 90 (32%) reported an improved mood score, 111 (39%) reported the same mood, and 85 (30%) reported a decreased mood score. Respondents who reported an improvement in mood were younger on average and had logged into myStrength more frequently than those who reported a decrease in mood.

	Mood decrease (N = 85)	No change in mood (N = 111)	Mood improvement (N = 90)
 <b>Age</b> Average age 41.2 years (SD = 15.4)	<b>Age</b> Average age 45.2 years (SD = 16.7)	<b>Age</b> Average age 38.3 years (SD = 15.0)	
 <b>Gender</b> 74% Female 12% Male 4% Non-binary	<b>Gender</b> 66% Female 23% Male 3% Non-binary	<b>Gender</b> 71% Female 9% Male 9% Non-binary	
 <b>Language</b> 100% English	<b>Language</b> 98.2% English 1.8% Spanish	<b>Language</b> 100% English	
 <b>Number of Logins</b> Average 6.5 (SD = 5.2)	<b>Number of Logins</b> Average 10.1 (SD = 27.6)	<b>Number of Logins</b> Average 9.9 (SD = 22.4)	

<sup>8</sup> Respondents refer to consumers who completed a survey assessing their depression, anxiety, and overall well-being upon registration and first log-in to myStrength. Depression and anxiety were measured using the PHQ-9 and GAD-7 scales, respectively. A PHQ-9 score of 15 or higher indicated moderate to severe levels of depression. A GAD-7 score of 10 or higher indicated moderate to severe levels of anxiety. Well-being was measured using the WHO-5 Wellbeing Index. A score of 50 or lower indicated poor well-being.

<sup>9</sup> Consumers had the option to rate their mood on a 5-point scale ranging from -1 (Negative) to 1 (Positive). Consumers could rate their mood more than once.

<sup>10</sup> The average number of days between the first and last assessment was 72.6 days. There was no difference in mood score between individuals who completed a second survey or not.

## User Interests, Wellness Programs, and Activities

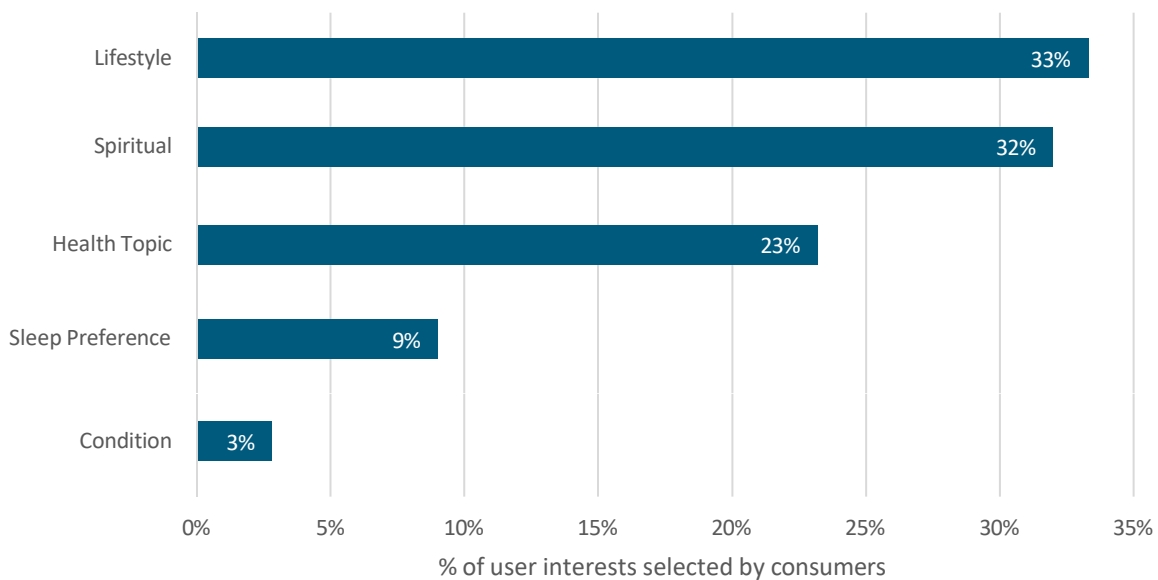
### User Interests

The most popular interests were the same as that of the Help@Hand Statewide Evaluation: Year 4 Annual Report. A total of 1,491 consumers added one or more **user interests** to their profile, which entailed selecting topics from a predefined list that were of interest to them; myStrength used this selection to customize the resources shown to them. Consumers on average added 2 interests (range 0-11 interests) and most of them added 1-3 interests.

myStrength organizes user interests into five categories: Lifestyle, Spiritual, Health Topic, Sleep Preference, and Condition.

- **Lifestyle** includes interests around topics such as workplace relations, marriage, and friendships.
- **Spiritual** covers both spiritual and religious (e.g. Christian, Buddhist) interests.
- **Health Topic** includes interests related to weight management, physical fitness and eating well.
- **Sleep Preference** includes options to track sleep through a sleep diary.
- **Condition** includes interests around smoking, mindfulness and meditation, and sleep disorders.

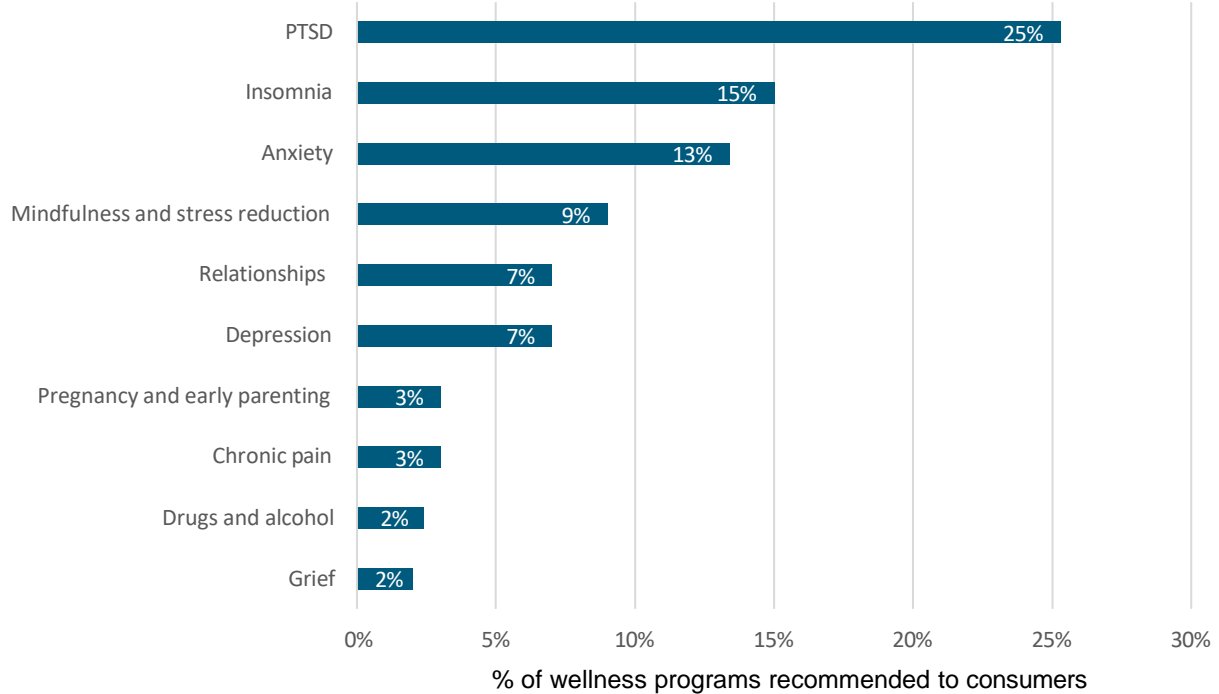
Similar to the Help@Hand Statewide Evaluation: Year 4 Annual Report, the most popular user interests related to lifestyle (33%) and spirituality (32%).





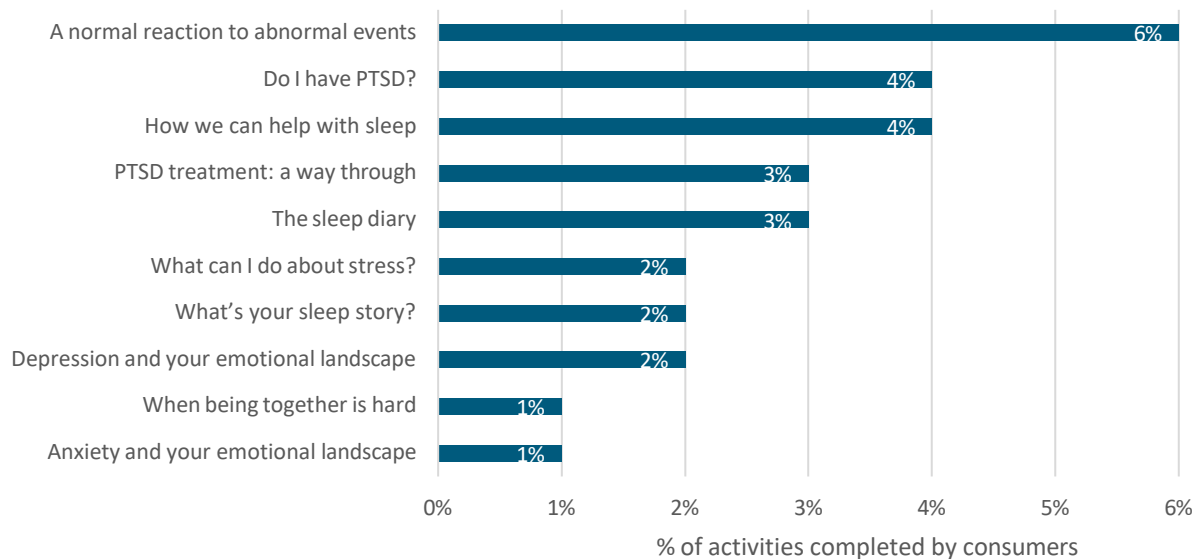
## User Wellness Programs

myStrength recommended **wellness programs** to all consumers based on their answers to health questions during registration. Wellness programs are sequential learning-based programs on myStrength covering topics, such as depression, anxiety, and stress management. The wellness programs recommended to consumers the most were related to post-traumatic stress disorder (PTSD), insomnia/sleep, and anxiety (N = 1,855).



## User Activities

A total of 552 consumers completed 1 or more **activities** in myStrength. Activities are stand-alone resources other than wellness programs, such as videos and quick tips. The top 10 most popular activities were the same as the Help@Hand Statewide Evaluation: Year 4 Annual Report, and popular activities related to PTSD and sleep. In total, consumers engaged in 335 different types of activities, which explains the relatively low percentage per activity below.



## LEARNINGS

Learnings from the myStrength app data include:

- **Variety of Use.** Consumers completed a variety of activities on myStrength. The most popular activities related to PTSD and sleep.
- **Continued Engagement among Subset of Consumers.** The majority of consumers stopped using myStrength after a day, but a small percentage continued to use myStrength beyond 4 weeks to a year.
- **Mood Improvement.** A third of consumers who tracked their mood over time reported an improvement in mood using myStrength. Consumers with an improved mood were on average younger and used myStrength more often than those who reported a decrease in mood.

## MONO COUNTY

Mono County's myStrength implementation launched in April 2022 and ended in February 2023 with the conclusion of their involvement with Help@Hand. The county offered myStrength to the general population with a focus on college students, isolated populations, and monolingual Spanish speakers.



### myStrength Implementation




#### Implementation Underway and Completed

Mono County continued to promote myStrength through marketing and community outreach this year. While Mono County's participation in Help@Hand ended in February 2023, their myStrength licenses expired in March 2023. The county continued to enroll consumers in myStrength through February 2023.



#### Marketing

Mono County contracted with Mammoth Lakes Creative (MLC) to develop marketing materials and advertisements (e.g., social media, bus, radio, and newspaper ads). A second mailer was distributed to all Mono County residents in January 2023. The county also used Facebook ads. All advertising ended in February 2023 since the myStrength licenses expired in March 2023.



**Life can be challenging. Get **FREE** tools and support with **myStrength**.**

**La vida puede ser un desafío. Obtenga recursos y apoyos **GRATUITOS** con **myStrength**.**

MyStrength is a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep, and more.

Mono County Behavioral Health is offering a **free subscription** to this safe, secure, and personalized service to residents of Mono County until early 2023.\*

MyStrength es un programa digital flexible y con recursos probadas y apoyo dedicado p el estrés, la depresión, el sueño y mucho más.

Mono County Behavioral Health está ofrecie una **suscripción gratuita** a este servicio se personalizado a residentes del condado de M disponible hasta principios del año 2023.\*

**To get started:**

- 1 Visit [mystrength.com](https://mystrength.com) and click on "Sign Up" or scan the QR code
- 2 Enter the access code: **MONO**
- 3 You'll be asked a few questions to help set up your profile
- 4 Continue from your browser, or download the myStrength app

**Para comenzar:**

- 1 Visite [mystrength.com](https://mystrength.com) y seleccione "Sign Up" o escanee el código QR
- 2 Introduzca el código de acceso: **MONO**
- 3 Se le harán algunas preguntas para ayudarlo a configurar su perfil
- 4 Continúe desde su navegador, o descargue la aplicación myStrength\*\*

Please contact us with any questions:  
**760-924-1740**  
[mono.ca.gov/wellness](https://mono.ca.gov/wellness)

Por favor contáctenos con cualquier pregunta:  
**760-924-1740**  
[mono.ca.gov/wellness](https://mono.ca.gov/wellness)

**myStrength** by Teledoc Health

Receive a clear path to start getting support, customized to your preferences

Access proven tools for stress, depression, sleep and more

Learn from hundreds of activities, articles and videos

Practice techniques to help you calm down, get inspired and feel more hopeful

Obtenga un camino claro para empezar a recibir apoyo, personalizado según sus preferencias

Acceda a recursos de eficacia probada para el estrés, la depresión, el sueño y mucho más

Aprenda a través de cientos de actividades, artículos y videos

Practique técnicas que le ayuden a relajarse, inspirarse y sentirse lleno de esperanza

Above: Marketing materials for Mono County's myStrength implementation Source: Mono County (2023)



### *Community Outreach*

In-person promotion of myStrength was significantly impacted. Severe winter storms in early 2023 resulted in low attendance of community members. Community outreach included:

- **County Wellness Centers:** Wellness Center staff and Peers offered myStrength as a resource to wellness center clients. They helped clients enroll and download the myStrength app as well as informed them about the evaluation. Staff and Peers received extensive training prior to their myStrength implementation and refresher trainings throughout their implementation to help promote myStrength.
- **Community Events:** Mono County attended community events such as January Socials to raise awareness among community members about their myStrength implementation.
- **Partnerships with Community Organizations:** The county partnered with senior centers, Cerro Cosco Community College, and Mammoth Hospital's Elevate Program to offer myStrength to the organizations' members.

Mono County began to prepare for the conclusion of their myStrength implementation near the end of 2022 by updating marketing materials to reflect the program's end date and informing wellness center visitors. Beginning in March 2023, the county sent weekly emails to consumers enrolled in myStrength to remind them that their program would expire at the end of the month.



### *Evaluation*

Mono County worked with the Help@Hand evaluation team to assess the implementation of myStrength across Help@Hand counties/cities that implemented this technology. Preliminary data from the myStrength evaluation is on page 33.



### *Future Directions*

Mono County's myStrength implementation was well received by their community. The county considered purchasing myStrength licenses for active users. However, this was not possible since myStrength required a minimum purchase of 3,500 licenses, which was far beyond the number of licenses that Mono County needed. Therefore, the county will explore other mental health apps that can support their community's needs.

The following section contains the Annual Innovation Project Report for the  
Semi-Statewide EHR Project

DRAFT

# Mono County

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Semi-Statewide Enterprise Health Record

Multi-County Collaborative INN Project

Annual Innovative Project Report

*Reporting Period: July 1, 2022 – June 30, 2023*

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



## Project Overview and Local Need

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

This is a multi-county, scalable INN project that stems from a larger Semi-Statewide Enterprise Health Record (EHR) project CalMHSA is concurrently leading (the EHR Project). CalMHSA is partnering with 23 California counties – collectively responsible for 27% of the state’s Medi-Cal beneficiaries – on the Semi-Statewide Enterprise Health Record 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 in the future.

#### **The key principles of the EHR project include:**

**Enterprise Solution:** Acquisition of an EHR that supports the entirety of the complex business needs (the entire “enterprise”) of county behavioral health plans. This approach also facilitates data sharing between counties for patient treatment and payment purposes as patients move from one county to another.

**Collective Learning and Scalable Solutions:** Moving from solutions developed within individual counties to a semi-statewide cohort allows counties to achieve alignment, pool resources and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk and improving quality.

**Leveraging CalAIM:** CalAIM implementation represents a transformative moment when primary components within the EHR are being re-designed (e.g., clinical documentation and Medi-Cal claiming), while data exchange and interoperability with physical health care — toward improving care coordination and client outcomes — are being both required and supported by the State.

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

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

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

This project will meet the general requirements by making a change to an existing practice in the field of mental health, specifically, the practice of documentation of care provision in an EHR that meets the needs of the county’s workforce and the clients they serve.

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

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

For instance, the previous EHR system necessitated manual counting for essential reporting, as it lacked the capability to separate out basic client demographic information. In contrast,

SmartCare offers several reports containing required information for audits, such as the Triennial and the EQRO.

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

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

Progress Update and Identified Changes

**1. Please describe your project progress from the date of approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC) through June 30, 2023.**

*County partners, in this section, consider addressing the following:*

Mono County Behavioral Health has fully implemented the new EHR system and staff have been reassigned from other duties to support implementation and ongoing management of the EHR. CalMHSA has played a crucial role throughout the project, proving to be an essential asset, particularly during the implementation phase. The CalMHSA staff have consistently demonstrated understanding, friendliness, and tireless dedication to ensuring that our county possesses all the necessary resources for success in the EHR system. Following implementation, collaborating counties have shown a willingness to join forces in generating ideas for EHR improvement and have been open to sharing valuable reports.

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

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

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

Not Applicable, see above.

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

During this project period, CalMHSA partnered with IDEO, a global design and research company with over 40 years of consulting experience working in social and government sectors. IDEO was uniquely positioned to assist CalMHSA based on their strong focus on capacity building and creating new, strategized approaches to previously unsolved problems. CalMHSA, at the request of participating counties, sought to create a semi-statewide EHR system, built according to the needs of the user, that not only meets documentation and regulatory requirements, but also integrates provider needs for transparent communication, augments support for decision-making and best practices and, through increased efficiency, reduces staff burnout and improves workforce retention.

IDEO conducted interviews with over 50 county staff from participating county agencies, primarily focused on outpatient psychiatry services, to better understand different users'



interactions and needs within an EHR. The staff interviewed included doctors, nurses, social workers and peer counselors. Mono County Behavioral Health has 16 staff participate in these interviews. IDEO also met with EHR experts and analogous experts, such as digital storytellers, data visualization scientists, and behavioral scientists to draw inspiration for what was possible for this future EHR vision. They also conducted an in-depth analysis of the transitional EHR, SmartCare, to better understand what could be leveraged versus what would need to be customized to achieve the goals as stated above.

**Some key needs identified from these interviews included:**

An improved EHR design that allows for a holistic view of patient data rather than siloed across different areas of the software

Better facilitation of record keeping and sharing across the platform

Improved utilization of automaticity and intentional pauses as moments to accurately capture structured data to reduce redundancy, disseminate key information and promote best practices while maintaining flexibility and trust amongst users

Transparent dialogue and a disruption of bias patterns in the software so the data entered can promote equitable outcomes and care

Evaluation Data/Learning Goals/Project Aims

CalMHSA contracted with the RAND Corporation during this project period to conduct a comprehensive evaluation of the project. To ensure a systematic evaluation of the migration to the new EHR platform, RAND is employing two measurement approaches: 1) a pre-post user survey, 2) pre-post task-based usability testing. RAND selected evidence-based EHR metrics grounded in measurement science that are precise, reliable and valid.

The goal of the pre-post user survey is to measure user experience and satisfaction of existing EHRs and the new EHR across all participating counties. This pre-phase of the survey was administered during this project period and prior to the “go-live” implementation of the new EHR system. It was sent to all EHR users in participating counties (see Exhibit 1 for Pre-Survey User Data). The survey (see Exhibit 2) included outcome measures such as the Post-Study System Usability Questionnaire (PSSUQ), satisfaction with EHR attributes, satisfaction with specific tasks in the EHR, and likelihood of recommending the EHR. The PSSUQ is a 16-item standardized questionnaire that originated from the IBM project called System Usability Metrics in 1988. This standardized tool allows for a single metric to be calculated as an average of the 16 items, which provides a reliable measure that can be compared to other studies that have used the tool. The tasks included in the survey were also based on the most common use cases across different role types (e.g., prescribers, medical staff, licensed clinicians, non-licensed providers and administrators).

The goal of the pre-post task-based usability testing is to obtain objective measures of EHR usage and burden (as measured by the length of time required to complete specific, common tasks in the EHR) before and after the migration to the new EHR. The pre-phase of this usability testing was conducted from May 30, 2023, to June 30, 2023, and included 30 prescribers and licensed clinicians in the select counties who opted to participate. The usability tests asked each participant to complete three tasks in a simulated EHR environment with simulated client scenarios. Tasks included creating an assessment/evaluation and progress note for a new client visit, reviewing a chart for an existing client and creating a progress note for a return client visit. The outcome metrics included task completion rate, time on task, errors and post-task

satisfaction. These usability tests complement the user survey to provide objective measures of the EHRs in a controlled environment.

The post-phase of the survey and task-based usability testing will likely occur in approximately January/February 2024 to allow users to become accustomed to the new EHR platform. The optimal time to conduct a post-migration assessment is when users have established stable and sustainable behaviors, which has typically been three to six months after implementation. The post-survey will also address the original learning goals and project aims regarding quality, safety/privacy, satisfaction and outcomes.

Overall, the evaluation will eventually allow for an assessment of how the transition to the new EHR resulted in changes to usability and user satisfaction.

Learning Goals/Project Aims
<p><b>Quality</b></p> <ul style="list-style-type: none"> <li>▪ Comprehensiveness of client care</li> <li>▪ Efficiency of clinical practice</li> <li>▪ Interactions within the health care team</li> <li>▪ Clinician access to up-to-date knowledge</li> </ul>
<p><b>Safety/Privacy</b></p> <ul style="list-style-type: none"> <li>▪ Avoiding errors (i.e., drug interaction)</li> <li>▪ Ability to use clinical data for safety</li> <li>▪ Personal and professional privacy</li> </ul>
<p><b>Satisfaction</b></p> <ul style="list-style-type: none"> <li>▪ Ease of use</li> <li>▪ Clinician’s stress level</li> <li>▪ Rapport between clinicians and clients</li> <li>▪ Client’s satisfaction with the quality of care they receive</li> <li>▪ Interface quality</li> </ul>
<p><b>Outcomes</b></p> <ul style="list-style-type: none"> <li>▪ Communication between clinicians and staff</li> <li>▪ Analyzing outcomes of care</li> <li>▪ System usefulness</li> <li>▪ Information quality</li> </ul>

Future annual reports will include status updates on the above learning goals and project aims.

**Program Information for Individuals Served**

This project focuses on transforming current EHR systems and processes counties use for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible for serving the

population of Medi-Cal beneficiaries who need specialty mental health and/or substance use disorder treatment services among approximately 27% California's Medi-Cal beneficiaries, or among approximately 4,000,000 people.

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

DRAFT

Budget and Annual Expenditures

<b>FY 22-23 ACTUAL PROJECT EXPENDITURES BY SPECIFIC BUDGET CATEGORY</b>			
<b>COUNTY: Mono</b>			
<b>EXPENDITURES</b>			
		<b>FY 22-23</b>	<b>TOTAL</b>
	<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		
1	Salaries	\$45,000.00	\$45,000.00
2	Direct Costs		
3	Indirect Costs	\$4,500.00	\$4,500.00
4	<b>Total Personnel Costs</b>	\$49,500.00	\$49,500.00
		<b>FY 22-23</b>	<b>TOTAL</b>
	<b>OPERATING COSTS*</b>		
5	Direct Costs		
6	Indirect Costs		
7	<b>Total Operating Costs</b>		\$
		<b>FY 22-23</b>	<b>TOTAL</b>
	<b>NON-RECURRING COSTS (equipment, technology)</b>		
8			
9			
10	<b>Total non-recurring costs</b>		\$

	<b>CONSULTANT COSTS/CONTRACTS</b>	<b>FY 22-23</b>	<b>TOTAL</b>
11a	Direct Costs: CalMHSA	\$334,592.53	\$334,592.53
11b	Direct Costs: RAND evaluation	\$150,000.00	\$150,000.00
12	Indirect Costs		
13	<b>Total Consultant Costs</b>	\$484,592.53	\$484,592.53
<b>OTHER EXPENDITURES (explain in budget narrative)</b>			
14			
15			
16	Total Other Expenditures		\$
<b>EXPENDITURE TOTALS</b>			
	Personnel (total of line 1)	\$45,000.00	\$45,000.00
	Direct Costs (add lines 2, 5, and 11 from above)	\$484,592.53	\$484,592.53
	Indirect Costs (add lines 3, 6, and 12 from above)	\$4,500.00	\$4,500.00
	Non-recurring costs (total of line 10)		
	Other Expenditures (total of line 16)		

<b>TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET</b>		<b>\$534,092.53</b>	<b>\$534,092.53</b>
<b>CONTRIBUTION TOTALS**</b>		<b>FY 22-23</b>	<b>TOTAL</b>
County Committed Funds		\$105,000.00	\$105,000.00
Additional Contingency Funding for County-Specific Project Costs			
<b>TOTAL COUNTY FUNDING CONTRIBUTION</b>		<b>\$639,092.53</b>	<b>\$639,092.53</b>

**BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE FOR FY 22-23**

**COUNTY:** Mono  
**ADMINISTRATION:**

A.	Estimated total mental health expenditures for administration for the entire duration of this INN Project by FY & the following funding sources:	<b>FY 22-23</b>
1	Innovation (INN) MHSA Funds	\$384,092.53
2	Federal Financial Participation	
3	1991 Realignment	
4	Behavioral Health Subaccount	
5	Other funding	\$105,000.00
6	Total Proposed Administration	\$489,092.53

**EVALUATION:**

B.	Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:	<b>FY 22-23</b>
1	Innovation (INN) MHSA Funds	\$150,000.00
2	Federal Financial Participation	
3	1991 Realignment	
4	Behavioral Health Subaccount	
5	Other funding	
6	Total Proposed Evaluation	\$150,000.00

**TOTALS:**

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	<b>FY 22-23</b>
1	Innovation(INN) MHSA Funds*	\$534,092.53
2	Federal Financial Participation	
3	1991 Realignment	
4	Behavioral Health Subaccount	
5	Other funding**	\$105,000.00
6	Total Proposed Expenditures	\$639,092.53

## Exhibit 1 – Pre-Survey User Data

1. **User Roles**
  - a. 96 prescribers
  - b. 121 prescriber med staff
  - c. 730 clinician LPHA
  - d. 723 non-LPHA
  - e. 1081 admin
  - f. 17 other
  - g. 157 no response
  
2. **Users by County (Please note: Counties participating in the Multi-County INN project are noted with an "\*" below)**
  - a. Colusa - 5
  - b. Contra Costa - 6
  - c. Fresno - 290
  - d. Glenn - 29
  - e. Humboldt\* - 67
  - f. Imperial\* - 189
  - g. Kern - 585
  - h. Kings\* - 44
  - i. Lake - 74
  - j. Marin - 29
  - k. Mono\* - 16
  - l. Placer\* - 103
  - m. Sacramento - 303
  - n. San Benito\* - 20
  - o. San Joaquin\* - 165
  - p. San Luis Obispo - 119
  - q. Siskiyou\* - 27
  - r. Sonoma\* - 101
  - s. Stanislaus - 104
  - t. Tulare\* - 232
  - u. Ventura\* - 299
  - v. Other - 9
  - w. Did not respond - 89

## Exhibit 2 – Pre-Survey Questions

### Usability and Satisfaction Metrics

- A. PSSUQ: On a scale between "Strongly Disagree" and "Strongly Agree," please rate the following statements (1 - Strongly Disagree to 7 - Strongly Agree).**
1. Overall, I am satisfied with how easy it is to use this system.
  2. It was simple to use this system.
  3. I was able to complete the tasks and scenarios quickly using this system.
  4. I felt comfortable using this system.



5. It was easy to learn to use this system.
6. I believe I could become productive quickly using this system.
7. The system gave error messages that clearly told me how to fix the problems.
8. Whenever I made a mistake using the system, I could recover easily and quickly.
9. The information provided with this system was clear.
10. It was easy to find the information I needed.
11. The information was effective in helping me complete the tasks and scenarios.
12. The organization of information on the system screens was clear.
13. The interface of this system was pleasant.
14. I liked using the interface of this system.
15. The system has all the functions and capabilities I expect it to have.
16. Overall, I am satisfied with this system.

**B. Based on your experience, please indicate how satisfied you are with the way your EHR performs on the following items (1 - Very Dissatisfied to 5 - Very Satisfied, NA).**

1. Ability to use the EHR without needing IT or additional support
2. Supports delivery of quality healthcare
3. Interactions within the care team
4. Amount of time spent in the EHR
5. Your stress level
6. Rapport between providers and clients
7. Data privacy and security
8. Access to up-to-date information
9. Usefulness of alerts
10. Comprehensiveness of client care
11. Efficiency of clinical practice
12. Avoiding errors (such as overlooking a drug interaction, selecting the wrong intervention or scheduling the wrong service time)
13. Amount of information presented on each screen
14. Amount of data entry required
15. Response time (i.e., speed of system response or loading time)
16. Reliability (i.e., system performs correctly every time)
17. Costs of providing care
18. Inclusivity or adequacy of demographic data fields

**C. Based on your experience, how satisfied are you with the way your EHR allows you to perform the following tasks? (1 - Very Dissatisfied to 5 - Very Satisfied, NA)**

1. Review progress notes
2. Obtain and review lab results
3. Obtain and review imaging or test results
4. Review past and current medications or prescriptions
5. Identify allergies

6. Update medication lists
7. Enter a progress note with all relevant service indicators (e.g., person contacted, contact type, place of service, service intensity, etc.)
8. Create and maintain problem lists
9. Customize templates
10. Prevent providers from signing a document if required fields are not complete
11. Link a new episode or admission record to previous care coordination activities
12. Enable documentation of social determinants of health (SDOH) or Z-codes
13. Bill for services in a timely manner
14. Complete a psychosocial assessment or screening
15. Enter new outpatient lab orders
16. Enter orders for other tests
17. Add/renew/discontinue prescriptions
18. Receive drug interaction or dosage error alerts when writing prescriptions
19. Receive drug allergy alerts when writing prescriptions
20. Prevent other adverse events
21. Schedule appointments
22. Manage a closed-loop referral process (i.e., make a referral to an outside entity and track if the referral was completed)
23. Manage client caseload (e.g., identify people at risk or those who have not engaged in services in the last 60 days)
24. Run reports on metrics across your client network (e.g., number of clients dealing with homelessness, timeliness to treatment, number of referrals, etc.)
25. Analyze outcomes of care
26. Send quality measures to other entities (e.g., preventive screening rates)
27. Facilitate continuity of care and follow-up across organizations or providers
28. Communicate with clients electronically
29. Generate documents in my client's preferred language

**D. How likely are you to recommend this EHR to a colleague? (0-to-10-point scale)**

## 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"> <li>• Trainings &amp; Conferences</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Loan Assumption Program</li> <li>• Retention Program</li> <li>• Project Cultivate</li> </ul>

### Training/Technical Assistance (TA):

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

In FY 23-24, MCBH conducted the majority of its trainings and in-services using a hybrid work model with some staff in-person and some staff participating remotely; trainings ranged in topic from Holding HIPAA Boundaries in Small Town to De-escalating Difficult Clients to compliance-related topics. Additionally, thanks to the foundational work done by the MCBH Racial Equity Committee in FY 22-23, 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 have continued to offer to participate in the County-wide Justice, Equity, Diversity, and Inclusion (JEDI) Committee when it begins to meet regularly again.

In FY 23-24, one staff member completed his Peer Support Specialist Certification and another staff member enrolled and several staff took advantage of funding to pursue college classes outside of work hours.

### Residency and Internship Programs:

MCBH frequently has intern staff. Funds from this category have been used in FY 23-24 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 23-24, MCBH had three staff take advantage of this benefit, including one 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. All three staff accessed the loan repayment through the local process (not the loan repayment benefit through the WET Central Regional Partnership).

Thanks in part to a legislative action that provided a “match” for WET funds contributed to the regional partnership, MCBH is participating actively in the WET Central Regional Partnership for the first time in many years. In contributing \$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, MCBH contributed additional matching funds to the partnership, making the department’s total amount of eligible funds approximately \$47,000.

In FY 23-24, one MCBH staff will receive a \$10,000 payment as part of the retention program for licensed clinicians and another licensed clinicians began her one-year service obligation for the retention program. In FY 24-25, MCBH anticipates spending down the remaining funds with one \$10,000 retention program stipend and one loan repayment of approximately \$7,500. MCBH will pay the remaining \$2,500 toward the clinician’s loans using the local process.

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.

In FY 23-24, MCBH also began participating in CalMHSA’s Project Cultivate, which is a new collaborative program between County Behavioral Health Departments, the California Mental Health Services Authority (CalMHSA), and Palo Alto University to cultivate the next generation of

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

### WET Central Regional Partnership:

**Modified Mono County Program Budget Allocation:**

Initial Program Funds Allocation for County	\$44,153.16
Initial Administrative Fee	\$6,622.98
Additional Program Funds Allocation for County	\$3,061.62
Additional Administrative Fee	\$540.29
Total County Funding	\$54,378.05

**Modified Central Region WET Regional Partnership Mono County Grant Match:**

Initial County Share of OSPHD Regional Grant Award	\$38,177.55
Initial County Match Funds Collected under this Agreement	\$12,598.59
Additional County Share of OSPHD Regional Grant Award	\$2,599.44
Additional County Match Funds Collected under this Agreement	\$1,002.47
Total County Grant Funds	\$54,378.05

### WET Achievements

As indicated in the Workforce Assessment, MCBH is almost fully staffed as of Spring 2024, 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 or retention program 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 will be hiring for several new positions at the end of FY 23-24 and early FY 24-25 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 Annual Update, if applicable

No significant changes from the Three-Year Plan.

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## CAPITAL FACILITIES/TECHNOLOGICAL NEEDS

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

### Challenges or barriers, and strategies to mitigate

N/A

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

Decision to purchase a satellite office in Bridgeport, one of Mono County's outlying communities.

MCBH will also be transferring CSS funding to CF/TN in FY 23-24.

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## TRANSFERS & PRUDENT RESERVE

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In FY 23-24, MCBH transferred 20% of its funds to the WET and CF/TN components. In FY 24-25, MCBH plans to again transfer 20% of its funds to the WET and CF/TN components to cover programming costs and costs related to the purchase of a new office in Bridgeport for FSP programming and other services. The maximum transfer amount is determined based upon the following regulations: 9 CCR § 3420.10 Community Services and Supports (CSS) Account Transfers to Prudent Reserve, CFTN Account and WET Account.

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

Below is MCBH's MHSA Prudent Reserve Assessment. The Department last assessed its Prudent Reserve in 2019 and will re-assess and re-certify the Prudent Reserve again in the future as required by DHCS.

State of California  
Health and Human Services Agency

Department of Health Care Services

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

County/City: Mono

Fiscal Year: FY 2024-25

#### Local Behavioral Health Director

Name: Robin K. Roberts, LMFT


Telephone: 760-924-1740

Email: rroberts@mono.ca.gov

I hereby certify<sup>1</sup> under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Robin K. Roberts

Local Behavioral Health Director  
(PRINT NAME)

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

Signature

May 10, 2024

Date



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

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

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

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

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

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

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

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

Minimum Prudent Reserve Level
\$ 70,510.36

## MHSA EXPENDITURE PLAN BY COMPONENT FY 2024-2025

### Mono County MHSA Component Expenditure Worksheet 2024-25

	Component						Totals
	CSS	PEI	INN	WET	CF/TN	PR	
FY24/25 Estimated MHSA Revenue	\$1,228,649	\$307,162	\$80,832				\$1,616,644
FY24/25 Est. Estimated Other Revenue							
FY24/25 Est. MHSA Interest Revenue	\$76,000	\$19,000	\$5,000				\$100,000
FY24/25 Estimated Expenses	\$2,589,112	\$474,955	\$119,802	\$231,774	\$689,891		\$4,105,534
One Time MHSA Housing Project	\$1,577,124						\$1,577,124
FY24/25 PR Transfer							
FY24/25 CFTN and WET Transfers	\$(379,542)			\$120,000	\$259,542		

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

**County:**     Mono    

	<b>FSP</b>	<b>GSD</b>	<b>O&amp;E</b>	<b>Total CSS</b>
<b>CSS Programs</b>				
1 FSP South County	\$664,445			\$664,445
2 FSP North County	\$221,482			\$221,482
3 Expansion of case management/supportive services		\$45,866		\$45,866
4 Wellness Centers		\$168,199		\$168,199
5 Crisis intervention/stabilization	\$33,902	\$33,902		\$67,803
6 Supportive Housing Services	\$35,000			\$35,000
7 Community Outreach & Engagement			\$74,700	\$74,700
8 Wrap Program	\$230,744	\$25,638		\$256,382
9 Telehealth Services	\$169,741	\$169,741		\$339,481
CSS Administration / Indirect Costs				\$711,469
CSS Community Program Planning				\$4,286
CSS MHSA Housing Program	\$946,274	\$630,850		\$1,577,124
<b>Total CSS Expenditures</b>	<b>\$2,301,586</b>	<b>\$1,074,195</b>	<b>\$74,700</b>	<b>\$2,589,112</b>

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

**County:**     Mono    

	PEI	OIR	ALT	SDR	Total PEI
<b>PEI Programs</b>					
1 Peapod Playgroup Program	\$40,000				\$40,000
2 Walker Senior Center	\$50,000				\$50,000
3 North Star School-Based Services	\$111,631				\$111,631
4 Community Trainings		\$34,625			\$34,625
5 Outreach in Outlying Communities			\$56,599		\$56,599
6 Community Engagement				\$50,800	\$50,800
PEI Administration / Indirect Costs					\$130,514
PEI Community Program Planning					\$786
<b>Total PEI Expenditures</b>	\$201,631	\$34,625	\$56,599	\$50,800	\$474,955

**Innovation (INN) Component Worksheet 2024-25**

**County:**     Mono    

	<b>Total INN</b>
<b>INN Programs</b>	
1 Semi-Statewide Enterprise Health Record	\$119,802
INN Administration	
INN Community Program Planning	
<b>Total INN Expenditures</b>	<b>\$119,802</b>

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

**County:**         Mono        

	<b>Total WET</b>
<b>WET Funding Category</b>	
Workforce Staffing	\$120,000
Training/Technical Assistance	\$16,000
Mental Health Career Pathways Programs	\$0
Residency/Internship	\$11,700
Financial Incentive	\$20,000
WET Administration	\$63,690
WET Community Program Planning	\$384
<b>Total WET Expenditures</b>	<b>\$231,774</b>

**Capital Facilities/Technological Needs (CF/TN) Component Worksheet 2024-25**

**County: Mono**

	<b>Total CF/TN</b>
<b>Capital Facility Projects</b>	
1 FSP North County Property Acquisition	\$500,000
Capital Facility Administration	\$189,891
Total Capital Facility Expenditures	\$689,891
<b>Technological Needs Projects</b>	\$0
Technological Needs Administration	\$0
Total Technological Needs Expenditures	\$0
<b>Total CF/TN Expenditures</b>	<b>\$689,891</b>



## COST PER PERSON ESTIMATES

### CSS Program Cost Per Person Estimates for FY 24-25

	FSP South County	FSP North County	Crisis Int/Stab	Supportive Housing
Total Cost of Program	\$ 664,445.00	\$ 221,482.00	\$ 67,803.00	\$ 35,000.00
Total Estimate of Participants	22	7	54	18
Total Estimated Cost per Person	\$ 30,202.05	\$ 31,640.29	\$ 1,255.61	\$ 1,944.44
Estimated Cost of Children (0-15)	\$ 90,606.14	\$ 31,640.29	\$ 8,789.28	\$ 5,833.33
Estimated Cost for TAY (16-25)	\$ 30,202.05	\$ 31,640.29	\$ 21,345.39	\$ 5,833.33
Estimated Cost for Adult (26-59)	\$ 392,626.59	\$ 94,920.86	\$ 31,390.28	\$ 15,555.56
Estimated Cost for Older Adult (60+)	\$ 151,010.23	\$ 63,280.57	\$ 6,278.06	\$ 7,777.78

	Telehealth Services	Wrap	Expanded CM/ Supportive Services	Wellness Centers	Community O & E
Total Cost of Program	\$ 339,481.00	\$ 256,382.00	\$ 45,866.00	\$ 168,199.00	\$ 74,700.00
Total Estimate of Participants	\$ 145.00	8	149	342	200
Total Estimated Cost per Person	\$ 2,341.25	\$ 32,047.75	\$ 307.83	\$ 491.81	\$ 373.50
Estimated Cost of Children (0-15)	\$ 35,118.72	\$ 96,143.25	\$ 12,005.19	\$ 35,902.13	\$ 14,940.00
Estimated Cost for TAY (16-25)	\$ 77,261.19	\$ 32,047.75	\$ 10,773.89	\$ 16,229.73	\$ 11,205.00
Estimated Cost for Adult (26-59)	\$ 206,029.85	\$ 96,143.25	\$ 21,547.79	\$ 105,739.14	\$ 37,350.00
Estimated Cost for Older Adult (60+)	\$ 21,071.23	\$ 32,047.75	\$ 1,539.13	\$ 10,328.01	\$ 11,205.00

PEI Program Cost Per Person Annual Estimates for FY 24-25

	North Star	Trainings	Peapod
Total Cost of Program	\$ 111,631.00	\$ 34,625.00	\$ 40,000.00
Total Estimate of Participants	350	160	116
Total Estimated Cost per Person	\$ 318.95	\$ 216.41	\$ 344.83
Estimated Cost of Children (0-15)	\$ 95,683.71	\$ -	\$ 26,206.90
Estimated Cost for TAY (16-25)	\$ 15,947.29	\$ 8,656.25	\$ 1,724.14
Estimated Cost for Adult (26-59)	\$ -	\$ 21,640.63	\$ 10,689.66
Estimated Cost for Older Adult (60+)	\$ -	\$ 4,328.13	\$ 1,379.31

	Walker Senior Center	Outreach in Outlying Communities	Community Engagement
Total Cost of Program	\$ 50,000.00	\$ 56,599.00	\$ 50,800.00
Total Estimate of Participants	85	100	1000
Total Estimated Cost per Person	\$ 588.24	\$ 565.99	\$ 50.80
Estimated Cost of Children (0-15)	\$ -	\$ 16,979.70	\$ 5,080.00
Estimated Cost for TAY (16-25)	\$ -	\$ 11,319.80	\$ 5,080.00
Estimated Cost for Adult (26-59)	\$ -	\$ 22,639.60	\$ 25,400.00
Estimated Cost for Older Adult (60+)	\$ 50,000.00	\$ 5,659.90	\$ 15,240.00

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

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## APPENDIX A: PENETRATION RATE DATA

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

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

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

Threshold Language	Unduplicated Annual Count of Medi-Cal Beneficiaries Served by the MHP	Percentage of Medi-Cal Beneficiaries Served by the MHP
Spanish	34	18.68%

Threshold language source: Open Data per BHIN 20-070

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

Figure 1: Overall Penetration Rates CY 2022

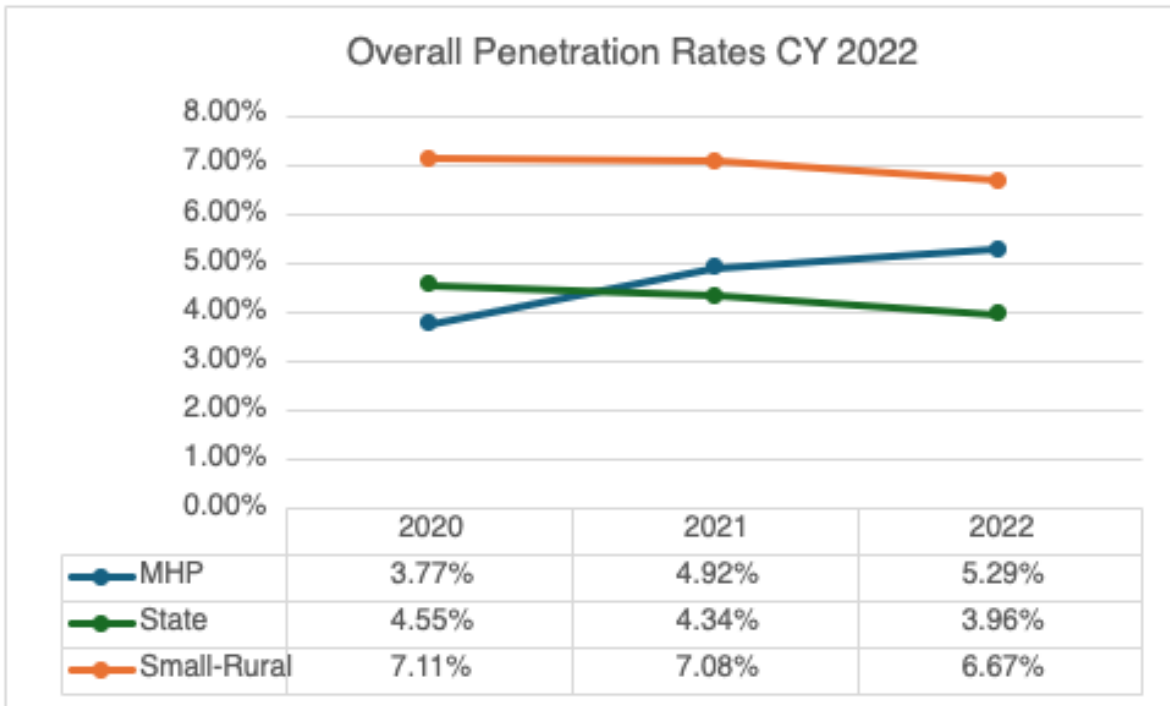


Figure 2: Overall AACB CY 2022

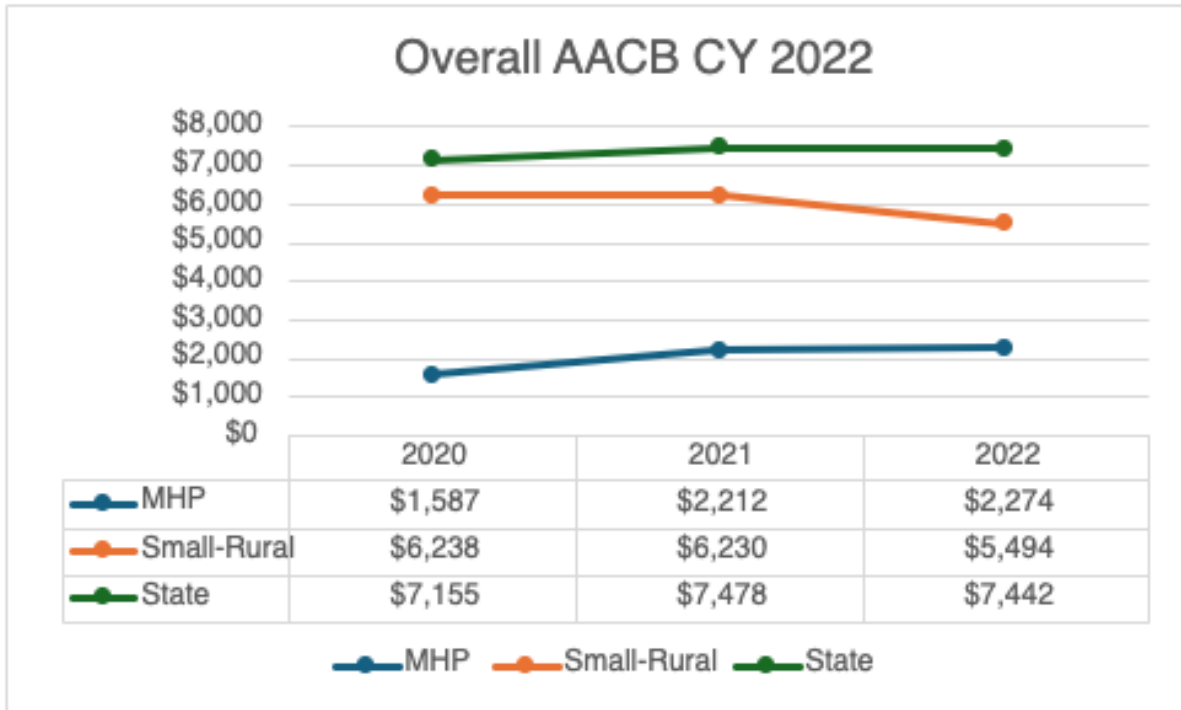


Figure 3: Latino/Hispanic Penetration Rates CY 2022

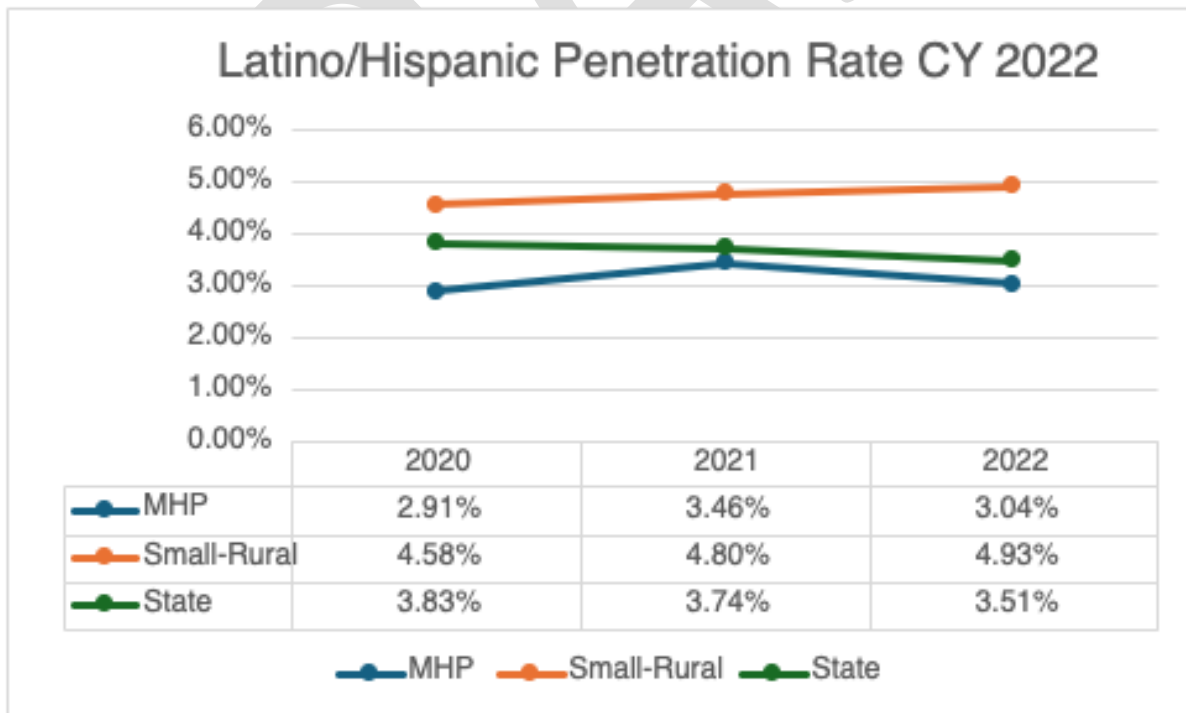
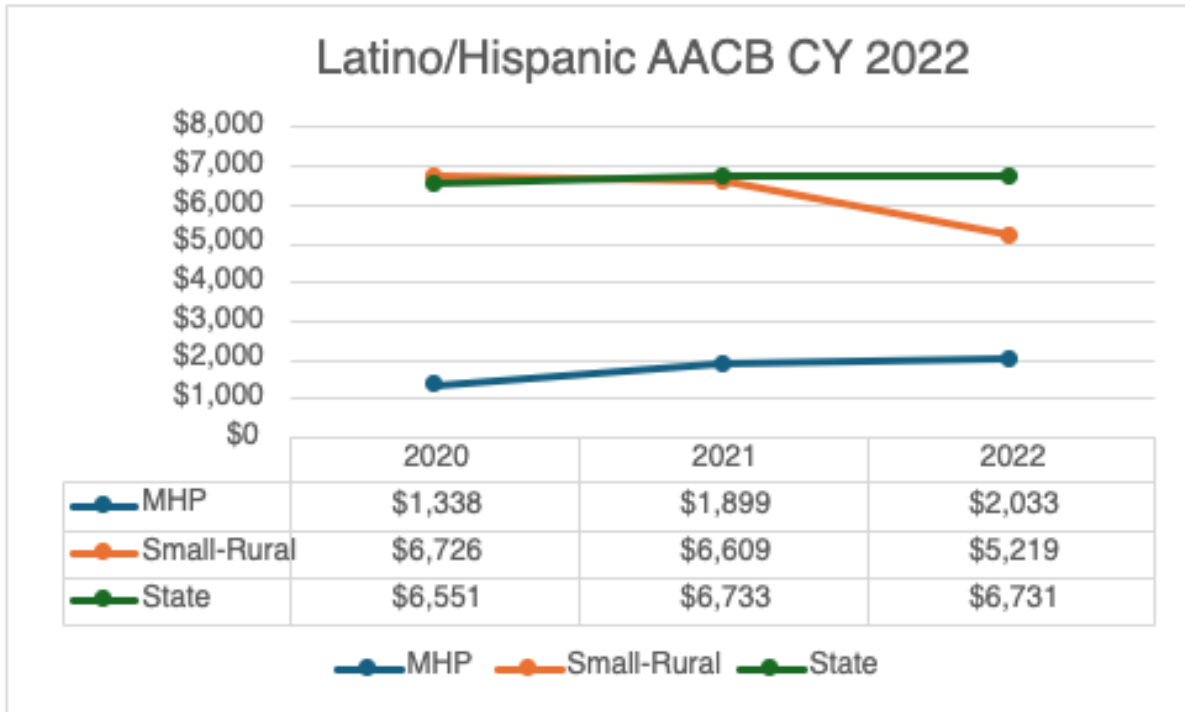


Figure 4: Latino/Hispanic AACB CY 2022



DRAFT



Figure 5: Foster Care Penetration Rates CY 2022

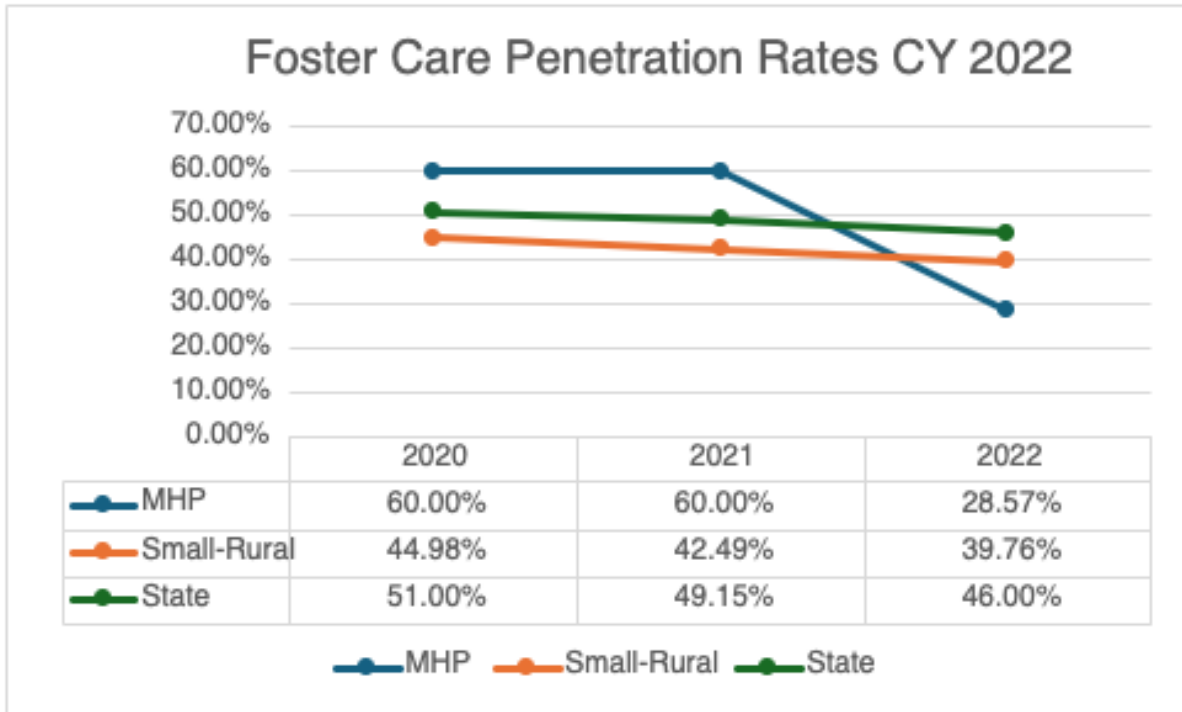
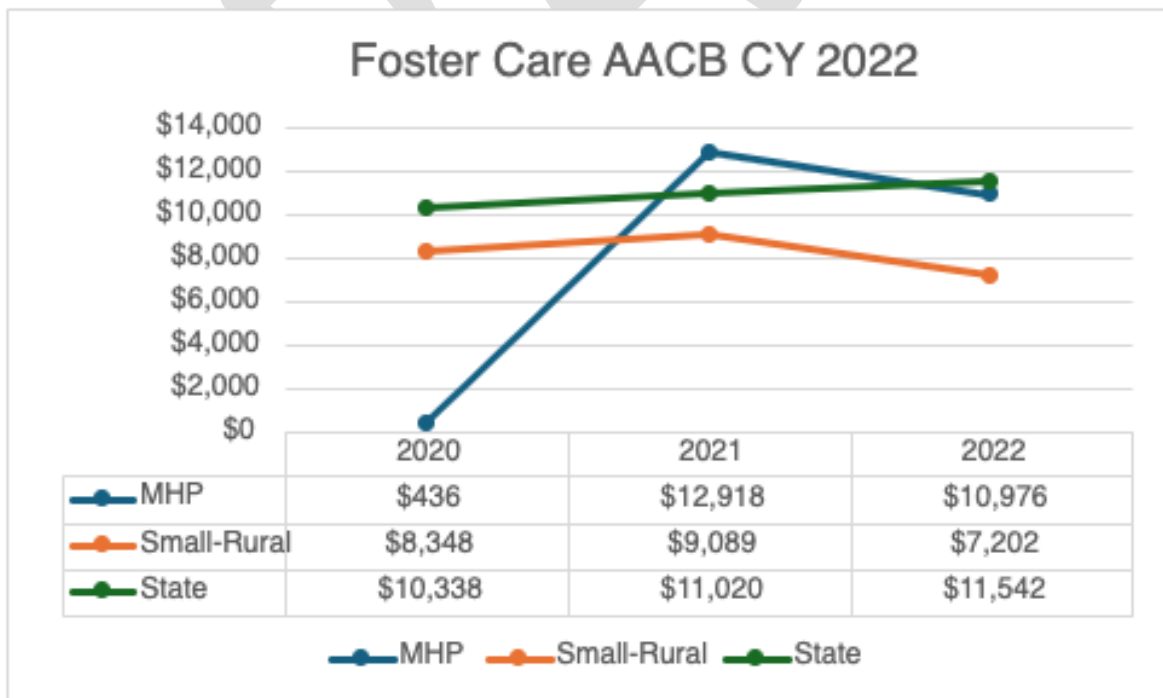


Figure 6: Foster Care AACB CY 2019-21



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## APPENDIX B: MHSA ISSUE RESOLUTION PROCESS

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### Mono County is committed to:

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

### Types of Issues to be resolved using this process:

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

### To file an issue:

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

### To learn more:

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

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

Direct link:

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

## APPENDIX C: MCBH STAFF TRAININGS

MCBH staffed were trained by Amanda Greenberg on the Community Program Planning Process on 12/12/23 from 8-8:55 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: Mental Health Services Act Community Program Planning Process and CLAS Standards	Start Time
7609241111	Adriana Niculescu (she/her/ella), MCBH's Personal Meeting Room	12/12/2023 7:54
Name (Original Name)	User Email	Total Duration (Minutes)
Adriana Niculescu (she/her/ella), MCBH	aniculescu@mono.ca.gov	52
jybarra@mono.ca.gov	jybarra@mono.ca.gov	51
Richard Bonneau - rbonneau@mono.ca.gov	rbonneau@mono.ca.gov	48
Betty Hathaway	bhathaway@mono.ca.gov	47
Sabrina.Rose		47
Tessa Toledo-Velazquez		47
Tajia Rodriguez	trodriguez@mono.ca.gov	47
Sal Montanez	smontanez@mono.ca.gov	47
Jenna Cruz	jcruz@mono.ca.gov	46
Jimmy Lee	jlee@mono.ca.gov	46
Stephany Mejia	smejia@mono.ca.gov	46
Iris Duran		46
Serena Renda	srenda@mono.ca.gov	46
Danielle Murray (she/her)	dmurray@mono.ca.gov	46
Esmeralda Curiel	ecuriel@mono.ca.gov	46
Jake Ballard (he/him)	jballard@mono.ca.gov	46
Han Li	hli@mono.ca.gov	46
Luisana Baires	lbaires@mono.ca.gov	40
Debra Stewart	dstewart@mono.ca.gov	45
Lauren Plum (she/her), MCBH	lplum@mono.ca.gov	45
Dylan Burditt (he/him)	dburditt@mono.ca.gov	45
Monce		44
Amanda Greenberg		9
Angela Linghu		25
Amanda Greenberg	agreenberg@mono.ca.gov	33
Robin Roberts	rroberts@mono.ca.gov	25
Pon Tingsuk - Mono COE		1

## What is the CPPP?

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

2022 Culturally and Linguistically Appropriate Services (CLAS) 24

## Aligning CLAS with the CPPP

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

Additionally, upon hire, all new staff go through an 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

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## APPENDIX D: INNOVATION PLAN CORRESPONDENCE WITH MHSOAC

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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@mhsoc.ca.gov](mailto:sharmil.shah@mhsoc.ca.gov) or your county liaison Wendy Desormeaux at [wendy.desormeaux@mhsoc.ca.gov](mailto:wendy.desormeaux@mhsoc.ca.gov).

Sincerely,

A handwritten signature in blue ink that reads "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

☺ Reply ↶ Reply All → Forward 📧 ⋮

Thu 4/20/2023 12:11 PM

Hi Shannon,

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

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

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

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

Thank you,

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

DRAFT

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

**Mono County MHSA Three-Year Plan FY 23-26**

**Amanda Greenberg**  
To: MHSA@dhcs.ca.gov; MHSOAC@MHSOAC.ca.gov  
Cc: Desormaux, Wendy@MHSOAC

Mono MHSA FY 23-24\_24-25\_25-26 Three Year Plan\_Final.pdf  
7 MB

Hello all,  
Please find attached Mono County's MHSA Three-Year Plan. This plan is also posted on our website (put up 7 days after BOS approval on 6/27/23): <https://www.monocounty.ca.gov/behavioral-health/page/mental-health-services-act-quality-improvement>

Here are two screenshots of the plan posting:

This folder is up to date. Connected to: Microsoft Exchange | Display Settings | 100% | 10:53 AM 6/27/2023

FY 22/23 ARER:

Enterprise Cost Reporting & Settlement System

Welcome: Jessica Workman  
Logout  
Help

Home - Submissions - MHSA

Certification Statement

Home > Certification

Certification Statement

File Choose File No file chosen Notes

Save File

Date of Upload Document Name Uploaded By Delete File

0

No items to display

Alert

Thank you. Your report has been officially submitted to the California Department of Health Care Services. A copy of the submitted report is available under the menu option Submissions, View Submitted Reports.

OK

Certification by Local Behavioral Health Director or Designee Name:  
Jessica Workman, I do hereby certify under penalty of perjury as follows

Per Welfare and Institutions Code section 5899(a), I hereby certify under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

By entering my name above and title below, I agree that this is a valid eSignature for certification of this entire report.

**Jessica Workman**

**From:** Bell, Emily@DHCS <Emily.Bell@dhcs.ca.gov>  
**Sent:** Thursday, February 1, 2024 10:39 AM  
**To:** Jessica Workman  
**Cc:** Hoang, Minh@DHCS; Johnson, Barbara@DHCS  
**Subject:** RE: [External] Mono County FY 22/23 MHSA ARER

You don't often get email from emily.bell@dhcs.ca.gov. [Learn why this is important](#)

[EXTERNAL EMAIL]

Good morning,

This email is a confirmation that we received your 22-23 RER and are reviewing it.

Thank you,

**Emily Bell** | Fiscal Analyst  
Community Services Division  
California Department of Health Care Services  
(279) 236-7183

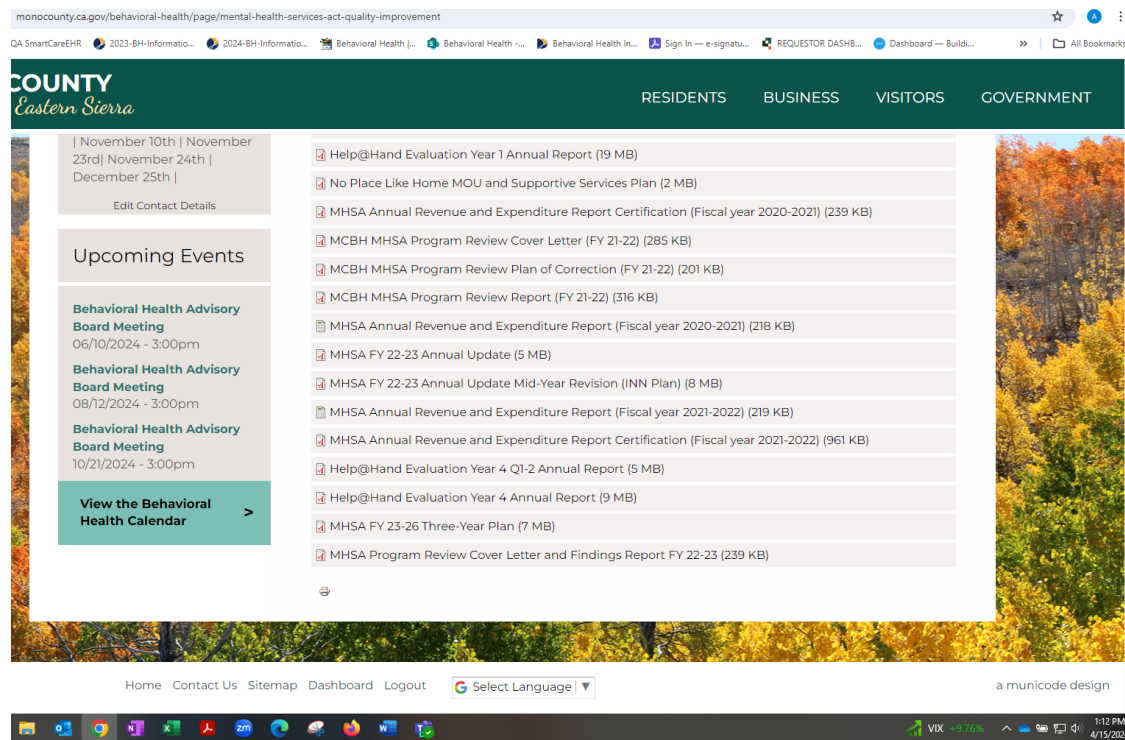


*This e-mail and any attachments may contain information which is confidential, sensitive, privileged, proprietary or otherwise protected by law. The information is solely intended for the named recipients, other authorized individuals, or a person responsible for delivering it to the authorized recipients. If you are not an authorized recipient of this message, you are not permitted to read, print, retain, copy or disseminate this message or any part of it. If you have received this e-mail in error, please notify the sender immediately by return e-mail and delete it from your e-mail inbox, including your deleted items folder.*



In February 2024, MCBH also participated in an MHSa Program Review. The Findings and Cover Letter were received on 4/10/24 and posted on MCBH's website on 4/15/24. MCBH will submit its Plan of Correction by 6/10/24. Website link:

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



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

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**MONO COUNTY**

**3/9/20**

**BARGAINING UNIT: MCPE**

**SALARY RANGE: 82**

**Date Revised**

**FLSA: Exempt**

### **BEHAVIORAL HEALTH PROGRAM MANAGER**

#### **DEFINITION**

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

#### **DISTINGUISHING CHARACTERISTICS**

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

#### **REPORTS TO**

Behavioral Health Director or designee

#### **CLASSIFICATIONS DIRECTLY SUPERVISED**

May directly supervise staff or provide lead direction as assigned

#### **EXAMPLES OF IMPORTANT AND ESSENTIAL DUTIES**

Duties may include but are not limited to the following:

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

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

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

Prepares appropriate reports for the above-listed agencies

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

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

Represents the Behavioral Health Department on committees as necessary  
Advocates with leadership groups and elected leaders for the advancement of behavioral health policy and to increase awareness of the Behavioral Health Department's programs

Assist in program budget development and management

Identifies, plans and directs staff in-service training and education, as required

Supervision of subordinate staff and contractors

#### **TYPICAL PHYSICAL REQUIREMENTS**

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

#### **TYPICAL WORKING CONDITIONS**

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

#### **DESIRABLE QUALIFICATIONS**

Knowledge of:

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

Ability and willingness to:

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

**Training and Experience:**

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

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

DRAFT

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

---

Flyer posted February-March 2024:

**MENTAL HEALTH SERVICES ACT  
COMMUNITY NEEDS SURVEY**

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

SHARE YOUR VOICE AND  
HELP US PLAN OUR  
PROGRAMS AND  
SERVICES

COMPARTA SU VOZ Y  
AYÚDENOS A PLANIFICAR  
NUESTROS PROGRAMAS Y  
SERVICIOS



GIFT CARDS AVAILABLE AT BEHAVIORAL HEALTH FRONT OFFICE  
FOR MEDI-CAL BENEFICIARIES AND CLIENTS

TARJETAS DE REGALO DISPONIBLES EN LA OFICINA DE RECEPCIÓN  
DE SALUD MENTAL PARA BENEFICIARIOS DE MEDI-CAL Y CLIENTES



<https://www.surveymonkey.com/r/MHSACPP24>

Email sent February 22, 2024 to Behavioral Health Advisory Board and community partners:

### MHSA Community Survey



Amanda Greenberg

To  Carolyn Balliet;  Debbie Painter;  Dirk Addis;  Ingrid Braun;  Jacinda Croissant;  Jacob Eide;  Jeff Franke;  Jenny Lucas;  Jimmy Lee;  Krista Cooper;  Lauren Plum;  Lois Klein;  Lynda Salcido;  Marcella Rose;  Marjoree Neer;  Michelle Raust;  Robin Roberts;  Rolf; **+3 others**

Thu 2/22/2024 11:58 AM

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

Expires 2/21/2026



Hello BHAB members and regular attendees!

It's that time of year again – our annual Mental Health Services Act Community Program Planning Process is now underway with our community survey! We would love to get your feedback and have your help spreading the word! Additionally, clients and/or Medi-Cal beneficiaries who take the survey can come by the MCBH front office at the Civic Center and get a \$10 gift card.

Survey will be open now until Monday March 18.

Ways to take the survey:

- <https://www.surveymonkey.com/r/MHSACPP24>
- Use the QR code on the attached flyer
- Come by our office to use the iPad
- Take the attached paper version
  
- English Blurb if you're writing to clients or want a script to talk to them: 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!

Please let me know if you have any questions or concerns! Thank you!

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

Advertisements in local newspapers:  
To be added following public comment period

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

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

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